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ABSTRACT

Twenty-seven categorical and topical reports by nationally preeminent scholars comprise this report, intended to provide background information for Congress in reauthorizing the Individuals with Disabilities Education Act (IDEA). An introductory synthesis addresses principles of the IDEA, evidence of the Law's effectiveness and the effectiveness of special education, promising practices, continuing barriers to their implementation, and recommendations for change. Categorical reports include: (1) "Learning Disabilities" (Don D. Deshler and Jean Schumaker); (2) "Mental Retardation" (Edward A. Polloway et al.); (3) "Serious Emotional Disabilities" (Lucille Eber and C. Michael Nelson); (4) "Severe and Multiple Disabilities" (Michael F. Giangreco and Martha E. Snell); (5) "Autism" (Glen Dunlap and Meme Eno-Hieneman); (6) "Physical Disabilities" (Sherwood J. Best and Gary A. Best); (7) "Special Health Care Needs" (Marilyn Ault); (8) "Visual Impairments" (Sandra Lewis); (9) "Hearing Impairments" (John Luckner); and (10) "Traumatic Brain Injuries" (Ron Savage). Topical reports include: (1) "Early Intervention and Part H" (Don Bailey et al.); (2) "Early Childhood Education" (Michael J. Guralnick); (3) "Least Restrictive Environment: Overview and Upper School" (Susan Brody Hasazi and Katharine Furney); (4) "Least Restrictive Environment: Early Childhood" (Samuel L. Odom); (5) "Least Restrictive Environment: Elementary and Middle School" (Kathleen Gee); (6) "Social Relationships" (Luanna H. Meyer); (7) "Self-Determination" (Michael Wehmeyer); (8) "Transition" (Frank R. Rusch); (9) "Supported Employment" (Paul Wehman and W. Grant Revell, Jr.); (10) "Minority Issues" (Vivian Correa et al.); (11) "Collaboration" (Jacqueline Thousand et al.); (12) "Parent-Professional Participation" (Thomas H. Powell and Patricia L. Graham); (13) "School Restructuring" (Margaret McLaughlin); (14) "School-Linked Services" (Wayne Sailor); (15) "Participatory Action Research" (Ann P. Turnbull and H. Rutherford Turnbull III); (16) "Positive Behavioral Support" (Robert H. Horner et al.); and (17) "Violence Prevention and School Safety" (Hill W. Walker). A brief description of the National Council on Disability is appended. (Individual papers contain references.) (DB)

National Council on Disability

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2. Mental Retardation, by Edward A. Polloway, Tom E. C. Smith, and Eugene Edgar.
3. Serious Emotional Disabilities, by Lucille Eber and C. Michael Nelson.
4. Severe and Multiple Disabilities, by Michael F. Giangreco and Martha E. Snell.
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7. Special Health Care Needs, by Marilyn Ault.
8. Visual Impairments, by Sandra Lewis.
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2. Early Childhood Education, by Michael J. Guralnick.

3. Least Restrictive Environment: Overview and Upper School, by Susan Brody Hasazi and Katharine Furney.

4. Least Restrictive Environment: Early Childhood, by Samuel L. Odom.

5. Least Restrictive Environment: Elementary and Middle School, by Kathleen Gee.

6. Social Relationships, by Luanna H. Meyer.

7. Self-Determination, by Michael Wehmeyer.

8. Transition, by Frank R. Rusch.

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13. School Restructuring, by Margaret McLaughlin.

14. School-Linked Services, by Wayne Sailor.

15. Participatory Action Research, by Ann P. Turnbull and H. Rutherford Turnbull III.

16. Positive Behavioral Support, by Robert H. Horner with Jeffrey R. Sprague, and George Sugai.

17. Violence Prevention and School Safety, by Hill W. Walker.

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Synthesis of Reports from Nationally Preeminent Special Education Researchers and Teacher Trainers

Celebrating IDEA's 20th Anniversary

In 1995, Congress and the nation celebrate the 20th anniversary of one of the most significant disability-rights laws ever enacted: the Individuals with Disabilities Education Act (IDEA). It is in every respect proper for Congress and the entire nation to celebrate that anniversary. Certainly no other disability-rights law has had such a powerful and positive impact on children and youth with disabilities, on their families, on educators, and on the nation itself.

At the same time, it is also entirely proper for Congress and the nation to recognize that the promises that Congress made in IDEA and the potential that IDEA can evoke in our country's students, families, educators, and communities are still not yet fulfilled. IDEA is like anyone who comes out of adolescence and enters young adulthood: some promises have been kept and others await fulfillment. The potential for their fulfillment is visible but is in some ways still unimaginable. So much is in place, and so much more can be added. So it is with IDEA: The Act has encouraged and helped students, their families, and the nation's schools to make phenomenal gains, but the results are by no means all that could and should have been obtained.

On the occasion of IDEA's 20th anniversary, it is important to build on the framework and the successes that IDEA has engendered, and to do so on the basis of the best available data about IDEA's accomplishments and shortcomings. In building upon this framework, guided by reliable data, IDEA itself will be improved, and state and local educational agencies will be equipped to implement IDEA even more effectively. It is especially appropriate for Congress to build on the framework and successes in light of the strong grassroots efforts to reform the nation's schools—a movement that Congress itself acknowledged and assisted by P.L. 103-227, the Goals 2000: Educate America Act.

Six Basic Principles Supporting the Implementation of IDEA

IDEA is based on six basic principles which provide a framework within which states may develop effective special education programs. The current status of the implementation of these principles is described below.

- IDEA's zero-reject principle has opened schoolhouse doors to all students with disabilities; yet schools still try to expel or suspend students who present behavioral or other special challenges.
- IDEA's nondiscriminatory evaluation principle has ensured that in most cases students' disabilities are identified and fairly and accurately assessed; yet schools still too frequently misclassify students, especially minority students.
- IDEA's appropriate education principle has helped most students benefit from special education; yet it is abundantly clear that the outcomes of special education are less than acceptable for far too many students.
- IDEA's least restrictive environment principle has allowed some students to be educated with their nondisabled peers. There has been some progress in physical, academic, and social integration; yet far too often the schools still fall far short in providing the supplementary aids and services that would enable many more students to benefit from education with their nondisabled peers.
- IDEA's due process principle has held schools and families accountable to each other; yet schools and families still find fault with federal and state monitoring and still face the financially and emotionally draining prospects of administrative and judicial hearings.
- IDEA's principle of shared decision making by parents, students, and schools has created effective education and a wholesome system of checks and balances for many of these stakeholders; yet professional dominance still is too often the norm.

In short, however effectively this law and its six principles have been implemented in some areas, there still remain far too many instances where schools have failed to implement IDEA properly.

Islands of Effectiveness, But Not a Mainland

The issue in 1995 is not whether to retain IDEA in its present form. IDEA has been effective. An entire national school-system response has been built on its principles, and countless students, families, educators, and other providers have come to rely on and apply its principles. Instead, as Congress reauthorizes IDEA, it should focus on the last of IDEA's stated purposes: "to assess and assure the effectiveness of efforts to educate children with disabilities" (20 U.S.C. Sec. 1400(c)). The disturbing findings Congress discovered in 1975 are still a reality in far too many school districts in 1995. While it is true that the extent and types of education discrimination have been remarkably curtailed, education discrimination still exists and the equal protection guarantee has not been fully realized. The islands of excellence in special education do not yet constitute a mainland, and general compliance is short of the goal of universal compliance. The issue for 1995, then, is the same issue that Congress identified in 1975: to assure the effectiveness of efforts to educate all children with disabilities.

In 1995, on IDEA's 20th anniversary and as school reform efforts gather speed and power, Congress should assure the effectiveness of efforts to educate students with disabilities in two basic and necessary ways:

- First, Congress should reaffirm IDEA's basic premises and principles, declaring in no uncertain terms that IDEA is a necessary and useful civil rights law that, through the framework of its six basic principles, implements the federal equal protection guarantee and the states' own constitutional assurances of universal education for all of their children.

- Second, Congress should fine-tune IDEA itself in a limited number of ways and significantly strengthen federal, state, and local special education capacities, thereby assuring more effective special education.

Assessing the Effectiveness of Special Education

Congress's reaffirmation of IDEA's basic principles and framework and Congress's capacity-building enhancements to IDEA and its administration should build on the most recent and most reliable data. The National Council on Disability (NCD) has reviewed those data in light of seven questions:

- What are the goals of special education?
- How well have these goals been achieved?
- What are the most promising practices for achieving these goals?
- What are the most significant barriers to achieving these goals?
- What should Congress do to further ensure the effectiveness of efforts to educate all children with disabilities?
- What should federal agencies, especially the Office of Special Education and Rehabilitative Services (OSERS), do to ensure that federal, state, and local education agencies are most effective in educating all children with disabilities?
- What should state governments and state and local education agencies do?

The National Council on Disability and the Beach Center on Families and Disability posed these questions to 27 nationally preeminent scholars in special education and personnel preparation, advising them to rely on the most recent reliable data in providing responses, to back up their reports with annotated abstracts of key data-based literature, and to profile programs that exemplify IDEA's proper implementation across all areas of disability. The following represents, in general, what we have concluded after reviewing the data:

- No matter how effective IDEA has been, there are still significant shortcomings in its implementation. Congress, OSERS, and state and local education agencies should do still more to ensure that every student with a disability has an individualized program of free, appropriate education in the least restrictive environment.

As Congress takes up IDEA on the Act's 20th anniversary, it should again rise to the challenge that it met so well in 1975 and many times thereafter:

- Reaffirm the basic civil rights of all students with disabilities to effective, equal educational opportunities; reauthorize the federal framework that has benefited these students so greatly; and encourage further activities to ensure their effective education.

Restating the Purposes and Goals of Special Education

Over the course of the last 20 years and as recently as 1990 and 1994, Congress has stated and restated the nation's policies regarding citizens with disabilities. Restating these policies now, as Congress considers the reauthorization of IDEA, would seem appropriate. The overall purposes of IDEA are:

- To ensure equal protection under the law, particularly equal educational opportunity. Such protection is afforded not only in IDEA, but in the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act Amendments of 1975.

- To assist individuals with disabilities to enjoy lives characterized by equal opportunities, full participation and integration into local communities and society as a whole, independence, self-determination, economic self-sufficiency, and contribution to America. These are also the purposes of ADA and the Developmental Disabilities Assistance and Bill of Rights Act.

To these ends, IDEA has helped state and local education agencies to educate all students with disabilities, no matter what the nature or severity of their disabilities. It has done so by establishing procedural and substantive rights, providing financial assistance, and providing support for research, training, and technical assistance. What more needs to be done? The answer is straightforward and achievable: Congress should not rely solely on process and substance but should assure quality in special education. To do that, Congress should review special education's particular goals, as they relate to the nation's overarching disability policy. The goals of special education and IDEA are to:

- Enhance students' overall capacities: By receiving a free appropriate public education in the least restrictive environment, every student should acquire academic, vocational, and social skills so all can learn, work, live, have social networks, and participate in their communities with their peers who do not have disabilities.

- Secure students' participation in school and community with peers who do not have disabilities: Students should receive the services necessary for them to achieve success within less restrictive placements and to learn in general education programs, work and reside in typical settings, and have social networks with people who do not have disabilities.

- Augment families' capacities to respond to their children's special needs: By participating in early intervention and later programs for their children, benefiting from related services, sharing decision making with teachers and other professionals, and participating in the activities of such discretionary programs as Parent Training and Information Centers and model demonstration programs, families should acquire the skills necessary to respond to their children's special needs and to be equal decision-making partners with educators and other professionals.

- Establish collaboration among families, students, and professionals: Family members, students, and professionals should have the skills to collaborate with each other, and the schools should provide a context for this kind of collaboration.

- Create a seamless network of effective services through collaboration among service providers and the systems and agencies within which they work: Providers, their agencies, and their service delivery systems should create a seamless network of effective services for students and families, and this network should enable students to learn, work, live, have social networks, and participate in their communities.

- Prepare all professionals to deliver free appropriate public education in the least restrictive environment: All professionals, particularly general and special educators, should have the attitudes and skills that enable them to be as effective as possible in providing a free appropriate public education to all students in the least restrictive environment.

- Carry out model demonstration programs and conduct research to implement IDEA: Special and general educators, researchers, teacher trainers, other professionals, and families—acting together—should carry out model demonstration programs, provide technical assistance, and conduct research to improve the implementation of IDEA's six principles.

- Ensure school restructuring and effective governance: Students, families, educators and other professionals, as well as community members should reform schools and school governance to advance all of special education's goals. School reform should be sensitive to and accommodate cultural and ethnic diversity in students, their families, and communities.

- Assure safe schools: All schools should be safe for all who use them, and to this end educators and administrators should focus on reducing violence in schools and communities.

- Increase and target federal, state, and local resources: Federal, state, and local governing bodies should increase their appropriations for special education and permit some funding streams to be used more creatively and flexibly while simultaneously targeting other funding streams to solve particular problems.

Progress to Date in Achieving the Purposes and Goals of Special Education

How successful has special education been in achieving these goals? The answer is both heartening and challenging. It is heartening that there are many promising approaches to achieving these goals. Indeed, identifying and applying state-of-the-art practices, supported in large part through federal resources, have almost always resulted in the achievement of these goals. It is challenging that state-of-the-art practices exist only in some school districts. There are islands of effectiveness. However, far too many school districts do not or cannot apply state-of-the-art or best practices. These districts constitute the current mainland of special education.

Promising Practices for Effective Special Education

What are the promising practices, the standards by which effective special education should be judged and the means by which all school districts can deliver effective special education? Promising practices can be found system-wide within a state, district-wide within a local education agency, and personally, for an individual student.

System-wide Promising Practices

At the state agency level, it is especially important to have the following:

- Professional in-service training through a comprehensive system of personnel development;
- Model demonstration programs and technical assistance;

- Strong parent participation in designing, planning, implementing, and evaluating state and local agency plans, relying on a strengthened system of Parent Training and Information Centers;
- The participation of special education in all school restructuring activities; and
- Effective monitoring of and technical assistance to local educational agencies.

District-wide Promising Practices

At the local school district level, it is important to have the following:

- A zero-reject capacity, including
    - early screening, identification, and intervention at all ages,
    - locally adapted services and plans, and
    - interagency collaboration and coordination of services, systems, and procedures;
- A nondiscriminatory evaluation capacity, including alternative, nonbiased educational evaluations, especially for minority students;
- An appropriate education capacity, including
    - student-focused—not system-focused—individualized education and services that lead to students' mastery of learning skills and strategies,
    - coherent, easy-to-use, intensive, and comprehensive services based on validated procedures and methodologies,
    - a system of comprehensive personnel development that assures that all school personnel will develop the skills necessary to deliver a free appropriate public education in the least restrictive environment, and
    - adoption and implementation of "safe schools" plans; and
- A least restrictive environment capacity, including
    - adaptations of general and special education curricula, especially to accommodate students in the least restrictive environment and to accept, in that environment and throughout the district, students who have challenging behaviors,

  - a full array of least restrictive placement options, with continuous dialogue among special and general educators, school administrators, and families and students about how to secure the least restrictive education for all students,
  - accessibility and other modifications in the schools' physical environments, and
  - flexibility in programs and staffing arrangements, with planned times and places for collaboration among educators and families.

Promising Practices with Students and Families

In order to serve students and families in an appropriate manner, it is necessary for school districts to provide the following:

- A zero-reject capacity, including
  - early intervention to address present special education needs and to prevent additional needs from developing, and
  - adoption and implementation of a "safe schools" plan;

- A nondiscriminatory evaluation capacity, including nonbiased evaluations of students' strengths and needs, especially if the students are from minority populations or present challenging behaviors;

- An appropriate education capacity, including
  - developmentally appropriate and professionally validated practices,
  - appropriate, functional curricula, including instruction for all post-school activities described in IDEA's transition provisions,
  - instruction in self-determination and self advocacy,
  - culturally responsive instructional methodologies and curricula,
  - appropriate extracurricular activities,
  - community-based work instruction and work opportunities, including supported employment,
  - education that teaches not only post-school vocational skills but also other independent living skills,
  - flexibility in students' schedules so they can take advantage of integrated learning and work opportunities, and
  - use of positive and natural consequences as feedback for appropriate behavior;

- A least restrictive environment capacity, including
    - education of the student in the most typical settings—neighborhood schools—so that all school environments are integrated by the presence of students with and without disabilities, and
    - age-appropriate and culturally appropriate teaching practices; and

- A parent-student participation and collaboration capacity, including
    - family-centered services and family involvement, and
    - professional-family collaboration and shared decision making.

The Application of Promising Practices Across the Six Principles of IDEA

However much progress has been made in implementing IDEA and its six principles, it is clear that improved implementation is necessary and possible. Through applying the promising practices listed above, the implementation of the six principles underlying IDEA would improve in the following manner:

- Zero Reject: Instead of excluding students from school, a variety of successful intervention techniques would be available to support the inclusion of all students in schools, the result being a zero tolerance for excluding any students, whatever the reason.

- Nondiscriminatory Evaluation: Instead of classifying students on the basis of their ethnicity, race, color, national origins, or the schools' existing administrative structures, students would be classified according to an accurate assessment of their strengths and needs across the curricular and functional requirements involved in their education.

- Appropriate Education: Applying the promising practices listed above would result in a system of comprehensive and effective services and interventions, effective multidisciplinary and interagency collaboration, and a seamless network of beneficial services.

- Least Restrictive Environment: Instead of current practice, which in many places encourages the segregation of students with disabilities, application of already-proven, promising practices would allow each student to receive his or her education in the least restrictive setting, supported by an individualized and appropriate array of supplementary aids and services that ensure that the student is physically, academically, and socially integrated into general education.

- Parent and Student Participation and Shared Decision Making: With the application of current promising practices, parents, students, and educators would be able to engage in effective collaboration in designing and delivering a free appropriate public education in the least restrictive environment.

- Procedural Due Process and Federal and State Monitoring: The application of the promising practices listed above would greatly reduce the number and frequency of due process complaints and shift the emphasis of federal and state monitoring and enforcement efforts from tracking "paper compliance" to quality enhancement.

Continuing Barriers to the Implementation of Promising Practices

Implementing the promising practices developed over the last 20 years of experience with IDEA would greatly enhance the quality of education for students with and without disabilities. Still, many barriers continue to impede the implementation of these practices in state and local education agencies. These barriers are as follows:

Zero-Reject Barriers

- Schools are reactive instead of proactive in responding to students' special needs. In particular, they too often exclude students instead of working with them to overcome their challenging behaviors.

- Some schools still do not make the environmental modifications that would increase access, reduce the challenging behaviors of some students, and result in more effective special education.

- Too often the absence of services and support systems for adults with disabilities restricts the development of effective transition programs for secondary-aged students.

Nondiscriminatory Evaluation Barriers

- All too often schools rely on testing that targets the students' needs instead of their strengths or testing that simply is inadequate to identify strengths and needs in minority students, thereby causing misclassification, erroneous educational placement, and inappropriate interventions.
- Similarly, schools pay insufficient attention to the cultural dimensions of their students' lives, and teachers are often not prepared to respond to the cultural diversity of their students.
- For several groups of students, nondiscriminatory evaluation procedures are themselves inadequate.
- Placement is still based on the categorical label assigned to students, not on their particular strengths or needs.

Appropriate Education Barriers

- Schools still use inappropriate curricula.
- The talents of many teachers and related service providers are misused.
- Service and support systems are unavailable or ineffective.
- Services, even within schools, are poorly coordinated.
- Schools are generally not creative in identifying appropriate interventions or supportive services that might be employed when students are having difficulty in less restrictive placements.
- Professionals do not know enough about other services available in their communities, particularly those services that could make students' education and transition more appropriate and beneficial.
- Schools turn too often to "educational faddism" and are driven too frequently by political rather than sound pedagogical motives.
- School systems often lack instructional leadership by highly competent, well-trained administrators, master teachers, and support personnel.
- Students continue to be disempowered by teacher-directed, deficit-based teaching methodologies.

- Teachers need a great deal more preservice and in-service training.
- Curricula often rely too much on specific—and outmoded—models for educating certain categories of students.
- Teachers may not know how to work with parents or with each other in order to combine their strengths and resources.
- Competent teachers are in short supply, especially for students with specific types of disabilities.
- General educators often do not feel responsible for educating students with disabilities.

Least Restrictive Environment Barriers

- Schools still operate improperly segregated programs and inappropriately place too many students in these programs.
- Schools still isolate special education students from contact with people and events in their communities.
- State and local funding patterns create disincentives to placing students in less restrictive programs.
- State and local agencies still have organizational and administrative structures that perpetuate separate systems of special and general education.
- Schools still use less intensive special education services for students who need more specialized and intensive teaching.
- Political and attitudinal factors may lead to a lack of community support for schools' efforts to integrate students with disabilities.
- Schools may place students into less restrictive placements without the physical, academic, or social supports necessary to ensure that they will experience success in these placements.
- School districts may have limited less restrictive placement options due to their historic use of more restrictive options.

Parent Participation and Procedural Due Process Barriers

- Schools often lack sufficient accountability to their students and parents.
- Schools still suffer from limited parental involvement.
- Parent Training and Information Centers still do not reach as many parents as they might, especially parents of traditionally underserved or minority students.
- Some parents are highly resistant to adaptive changes in programs such as less restrictive placement, the use of positive behavioral supports as the intervention of choice for challenging behaviors, or transition initiatives.

Funding Barriers

- Special education is often underfunded at the federal, state, and local levels.
- Some funding streams are too restrictive because they either prevent students who could benefit from it from receiving special education or they prevent districts from using the funds more effectively.

Administrative Barriers

- School districts may have a long history of reliance on categorical programs requiring students to fit the service system rather than the service system to fit the student.
- Placements may be determined on students' categorical labels rather than on their strengths and needs.
- Separate systems of special and regular education administration often discourage interdisciplinary and interagency collaboration.

Ideological and Attitudinal Barriers

- Prejudicial attitudes regarding students with disabilities may exist among general and special educators, among parents, and among members of the general community.
- Ardor for specific programs or teaching methods can vitiate individualized and effective instruction.

Federal, State, and Local Policy Barriers

- Outmoded policies still inhibit accomplishment of the goals of IDEA and its full implementation. These policies too often restrict implementation of the principles of appropriate education, least restrictive education, and collaborative decision making.
- These policies also stand in the way of effective school restructuring, school-linked services, and safe schools.

Personnel Preparation Barriers

- Special and general education practices reflect teacher preparation, just as teacher preparation drives school practices. This symbiotic relationship between practice and preparation means that the implementation of promising practices is quite uneven on a national basis.
- While many students preparing to be teachers benefit from experience with state-of-the-art practices in their education, far too many still do not have access to the quality of practices and preparatory experiences that should have been created by now. Therefore, outmoded and ineffective practices are reinforced and perpetuated.

Recommendations Derived from a Review of Scholarly Research on IDEA

While the implementation of IDEA has certainly not been flawless, it has provided educational opportunity to millions of students who were previously excluded from school altogether. Can IDEA be improved? Can its implementation be improved? The unequivocal answer to both these questions is affirmative. The data reviewed during this research process led to sound recommendations for improving IDEA and its implementation.

All efforts to improve IDEA, its funding levels and funding policies, and its implementation at the federal, state and local levels must be premised on capacity building and directed toward improving the abilities of those involved:

- Improve the ability of schools to deliver services as IDEA envisions them being delivered.
- Improve the ability of families to collaborate with educators and other professionals in sharing decision-making power related to their children and to service systems as a whole.
- Improve the ability of students with disabilities to benefit from effective special education and to enjoy lives characterized by integration, productivity, and independence.

Every recommendation made by the 27 nationally preeminent scholars in special education and personnel preparation points to the need to build the capacities of schools, parents, and students in order to improve the implementation of IDEA. A summary of their specific recommendations is provided below.

Recommendations for Improving IDEA

One overall recommendation emerged from a study of the scholarly literature regarding the implementation of IDEA to date:

> Congress should reaffirm the basic framework and underlying six principles of IDEA, acknowledge that it is essential legislation for assuring the equal protection and basic civil rights of people with disabilities, and focus on improving the quality of special and general education. Accordingly, Congress should fine-tune IDEA and give direction to federal, state, and local agencies so that they can ensure improved quality of special and general education.

Specific recommendations regarding the six basic principles supporting IDEA and related issues are presented below.

Zero Reject

To improve implementation of the zero-reject principle:

- Incorporate the statement of national goals and policies for persons with disabilities as set out in the Rehabilitation Act and the Americans with Disabilities Act.
- Change the timelines affecting eligibility for early intervention services and provide more funding for early intervention programs.
- Require states to put into place systems that ensure collaboration and coordination of transition services.

Nondiscriminatory Evaluation

To improve implementation of the nondiscriminatory evaluation principle:

- Provide financial incentives in model demonstration, systems change, research, and personnel preparation projects to ensure the use of nondiscriminatory evaluation instruments and processes with students from minority populations.
- Fine-tune the definitions of "traumatic brain injury" and "severely emotionally disabled."

Appropriate Education

To improve implementation of the appropriate education principle:

- Provide financial incentives in model demonstration, systems change, research, and personnel preparation projects to ensure the use of best practices such as the following:
    - special education delivered to minority students in culturally competent ways;
    - collaboration among general and special educators and related service providers;
    - interagency collaboration, especially between educational, medical, social service, and other human service agencies;
    - interdisciplinary and interagency service delivery;
    - improved transition plan processes;
    - self-determination curricula as well as teaching and student participation in educational planning and decision making;
    - education in the least restrictive environment;

  - community-based work experiences before a student leaves school;
  - use of Participatory Action Research techniques in all research, training, and model demonstration programs; and
  - parent and student participation through shared decision making.

- Improve technical assistance efforts.

- Lower the age for mandatory transition planning from 16 to 14.

- Ensure that students have a greater decision-making role in designing and carrying out their programs.

- Allow students to be eligible for school-based transition services after they graduate.

- Provide special education students with more useful and credible diploma options.

- Strengthen transition planning so it focuses not only on work, but also on other post-secondary outcomes.

- Appropriate more funds for post-secondary programs.

- Exercise greater oversight with respect to Individual Education Plan (IEP) development, implementation, and appropriateness.

- Allow the low-incidence population of students with physical disabilities to be included as one of the focus categories under Subchapter III.

Least Restrictive Environment

To improve implementation of the least restrictive environment principle:

- Support personnel preparation, not only in special education teacher training but also general education teacher training, particularly in implementing the principles of least restrictive education, collaborative education with other professionals (related service providers and administrators), and relating to families in a culturally competent manner.

Parent-Student Participation and Collaboration

To improve implementation of the parent-student participation and collaboration principle:

- Extend to older students and their families the family service provisions of the Individualized Family Service Plan now available to infants and toddlers under Part H.

- Preserve and extend the Parent Training and Information Center programs to better serve minority populations.

- Enact a presumption that research, training, and demonstration programs will utilize techniques of Participatory Action Research, directing OSERS to award extra credit in peer reviews to research, training, and demonstration projects that use this type of process.

Oversight and Monitoring

To improve oversight and monitoring of the implementation of IDEA:

- Congress should exercise vigorous oversight and OSERS should conduct more stringent monitoring of IDEA's implementation.

Funding

To improve the implementation of IDEA:

- Congress should work toward full funding to the authorized maximum (40 percent of excess cost) or create or allow new and different funding streams.

- Eliminate categorical funding provisions that provide disincentives to delivering special education in the least restrictive environment and create incentives for more education in the least restrictive environment.

- Allow more flexibility in using funds for direct services, program administration, and eligibility.

- Increase model demonstration program funding.

- Increase technical assistance funding, especially for regional service centers that assist students with visual impairments.

- Increase research funding.

- Establish a formula grant category for services and supports that result in the successful employment for secondary-level students.

- Expand Medicaid coverage to allow greater coverage of related services.

Recommendations for the Improvement of Personnel Preparation and Comprehensive Systems of Personnel Development

The special education researchers and teacher trainers were overwhelmingly disappointed by the quality of personnel preparation offered by institutions of higher education and in the comprehensive systems of personnel development operated by state and local education agencies. They unequivocally agreed that a great deal of work needs to be accomplished in the areas of teacher preparation and teacher in-service education.

At present, many recent graduates of the nation's special and general education teacher training programs are not well prepared to apply best practices and state-of-the-art methods. Moreover, state and local agencies' comprehensive systems of personnel development do not effectively remediate the problem created by inadequate preservice training. Similarly, state certification and evaluation standards and procedures for new or continuing teachers do not assure that teachers will be as effective as they should be in the classroom, in collaborating with each other and with professionals in other agencies, and in sharing decision-making responsibilities with parents and students.

These conclusions apply to preservice and in-service programs that focus on categories of disabilities such as learning disabilities, severe emotional disturbance, mental retardation, autism, traumatic brain injury, vision or hearing impairments, physical disabilities, and other health impairments. Likewise, they also apply to programs that focus on skills for early intervention, early childhood education, least restrictive environment and integration strategies, transition, supported employment, school-linked service delivery, interagency collaboration, responding to challenging behaviors through positive behavioral support, and violence prevention.

For example, many early interventionists and early childhood educators still are not utilizing proven successful practices. Special and regular educators are often not trained to carry out the principles of appropriate education and least restrictive environment. That is true, too, with respect to the overarching goal of independence for individuals with disabilities: Professionals are still not properly trained to enhance students' self-determination and choice-making related to transition and employment. Special efforts are needed to recruit minority professionals as researchers, trainers, and district-based educators, especially for low-incidence populations such as students with hearing impairments. Finally, professionals still lack the necessary skills to collaborate with each other and with parents in making decisions about students' education and about research and demonstration programs.

The good news is that there is a set of promising preservice and in-service practices and programs. The not-so-good news is that these practices and programs have not yet spread across the nation. The result is that, although some professionals receive superb preservice and in-service training, too many do not. Accordingly, students—who have a right to an education that benefits them and does so in the least restrictive environment—are being shortchanged. Education is by definition labor-intensive and labor-dependent. When the labor force—the professional cadre—suffers from inadequate preparation and in-service training, students also suffer.

Since the enactment of the Elementary and Secondary Education Act (P.L. 89-750) in 1966, P.L. 91-230 in 1970, and P.L. 93-380 in 1974 (the predecessors to P.L. 94-142), the federal and state governments have shared the responsibility for personnel preparation in general and special education. There is a unique role for the Federal Government in developing a national leadership cadre of researchers and other leaders and in augmenting state efforts to train teachers. The leadership cadre, after all, performs nationally significant roles, whereas the teacher corps performs locally significant roles. By the same token, there is a unique role for state governments, acting through their institutions of higher education. This role is to prepare, certify, and evaluate teachers. This federal-state partnership is responsible for the present state of affairs in preservice and in-service education, and accordingly the Federal Government, state education agencies, and institutions of higher education have joint responsibility for improving preservice and in-service education.

Recommendations Regarding Research

Research should focus on interventions related to student needs. For example, research is still needed to achieve the following:

- Improve student capacities through early intervention and early childhood special education.

- Increase students' self-determination and reduce their challenging behaviors.
- Prepare students for transition into and out of special education and into supported employment.
- Carry out IDEA's principle of education in the least restrictive environment.
- Enhance students' social relationships and their abilities to participate with nondisabled peers and adults in the lives of their communities.
- Ensure that students with challenging behaviors receive positive behavioral support from qualified educators.

Similarly, research is still needed to improve teacher-to-teacher collaboration and teacher-and-parent shared decision making and to enhance consumer participation in setting research priorities, conducting research, and disseminating and using research data. On a different level, research is still needed on the incidence and prevalence of some disabilities, especially mild mental retardation and traumatic brain injury. Indeed, improved data collection and follow-up studies are particularly relevant to some student populations, especially those with mild mental retardation. Finally, research on larger systemic issues such as nationally important initiatives in school reform, comprehensive services through school-linked service provision, and violence prevention has just gotten under way and should be continued.

In many respects, the research community is just on the edge of significant breakthroughs in preventing and ameliorating the effects of disabilities, improving teaching methodologies, ensuring students' participation in general education and in their own communities, and strengthening and even improving the capacities of schools, teachers, and parents to meet the needs of students with disabilities. Just as teacher preparation is a shared federal-state responsibility, so too is research. Although the greater portion of special education research funds are provided by the Federal Government, there are state-funded and state-supported research activities. Some states have their own research funds, but all states support faculty in their institutions of higher education to conduct research. Thus, both the federal and state governments can and should respond to these recommendations for research.

Recommendations Regarding Demonstration Programs

By the same token, Congress, OSERS, and state agencies should continue, expand, and redirect model demonstration programs. These programs should include rehabilitation research and training centers, systems-change efforts, technical assistance projects, policy analyses, and short-term (three-year) models to develop and disseminate state-of-the-art and promising practices. Just as preservice and in-service training and research funding are shared between the federal and state governments, so too with demonstration projects: Both levels of government are responsible for improving demonstration activities.

The overall effect of model demonstration projects is to develop new and improved techniques for teaching students, advancing IDEA's six principles (especially the least restrictive environment principle), and preparing special and general educators, families, and students themselves for collaborative decision making. Historically, these demonstration programs have been at the forefront of advancing IDEA's purposes and goals. At present, they need to be significantly more targeted on current implementation and improvement issues.

Recommendations for Policy Revision

As noted above, many federal, state, and local policies are problematic. Too often policies impede schools from implementing the principle of the least restrictive environment, and too rarely do they create incentives for schools to implement that principle. In some states, teacher union contracts limit regular or special educators in implementing the principle of the least restrictive environment. Moreover, some state laws, such as the Nurse Practice Acts, impede educators and other professionals from delivering school-based services to students with health-related needs.

Better federal and state-level interagency collaboration is required, especially to improve services to students with severe emotional disabilities and traumatic brain injuries and to help students with visual impairments have easier access to printed materials. In addition, the purposes, goals, and rights guaranteed under the Americans with Disabilities Act need to serve as the basis for future policy discussions and decisions regarding special education and the delivery of services to children and youth with disabilities.

Recommendations for Improvements in Special Education Practice

Congress, OSERS, and state and local agencies must take action to improve special and general education practices. Practices that reflect state-of-the-art service delivery are well known. They are in place and have been in effect for quite some time. The problem is that these practices are the exception, not the rule. Once again, islands of excellence do not constitute the mainland.

State and local education agencies are responsible for delivering special education. They are responsible for assuring that education benefits students and is delivered in the least restrictive environment. Unfortunately, far too many state and local agencies fall short in using promising practices and state-of-the-art services that would help them effectively discharge their responsibilities in the areas of appropriate education and least restrictive environment for students with disabilities. In particular, appropriate services are still unavailable consistently and uniformly throughout the country to students who have been classified as having, among other disabilities, learning disabilities, severe emotional disturbance, mental retardation, severe and multiple disabilities, other health impairments, autism, traumatic brain injuries, visual impairments, and hearing impairments. For many of these students, curricula are ineffective and dated. Their transitions from school to adulthood are haphazard. It is not the least surprising, then, that the results of their education are so disappointing.

Indeed, there also is evidence of a paucity of services—not merely an absence of best practices—for students with traumatic brain injuries, visual impairments, and hearing impairments. There is also evidence that minority students, as well as children in early intervention and early childhood education programs, are especially shortchanged by the lack of any services or the lack of appropriate services. It is one thing to lack services altogether or to not have appropriate education even if some services are provided. These problems are compounded when services are finally provided that do not reflect state-of-the-art or promising practices for serving students in the least restrictive environment.

In early intervention, early childhood education, and throughout the elementary-to-upper school years, practices in special and general education simply do not sufficiently comply with the principle of least restrictive environment. Much more could be done to decentralize large centers where too many students receive their education and to disperse specialized services throughout their home communities. The restructuring and dispersal of presently centralized services are long overdue. While it is true that some students still need highly specialized services, they need to have access to an array of services which will meet these needs in their home communities. Most students currently placed in these centers can be educated to a much greater degree in general education. Their current levels of physical, academic, and social integration leave a great deal to be desired.

Another problem with current practice is found in the relatively low quantity and quality of parent-student participation and collaboration. While many parents do share decision-making responsibilities with special and regular educators, there is compelling evidence that many do not and that the reasons for this noninvolvement have less to do with their willingness and capability to be part of their children's education teams than with educators' attitudes and practices. Time and again, schools and educators are reluctant to share responsibilities and decision-making powers with parents and students, to schedule meetings at times and places convenient to parents and students, and to develop the skills to collaborate with parents and to teach self-determination to students. In short, there are administrative, attitudinal, and skill barriers to implementing this important principle.

To improve performance in the areas of appropriate education, least restrictive environment, and shared decision making, state education agencies need to put into place more regular and stringent systems for monitoring local agencies. Monitoring involves more than paper-compliance reviews: It has to involve scrutinizing the actual quality of special education services. Moreover, monitoring and quality assurance have to be proactive. That is, they must involve technical assistance and improvements in comprehensive systems of personnel development, targeting resources toward improving the skills of special and regular educators to deliver an appropriate education in the least restrictive environment to students with disabilities in collaboration with one another and with parents and students.

The need for interprofessional and interagency collaboration and coordination is one that state and local education agencies must address during the next five years. To deliver services in the least restrictive environment, to assure transition from school to post-school opportunities that IDEA and ADA envision, and to make certain that school restructuring benefits students in special education, state and local education agencies—and especially state agencies as they monitor local agencies—have to reconceptualize themselves. They have to be willing and able to move from separate systems of special and regular education to a unified system where all schools "own" all students, where all indeed means *all*, and where, if necessary or desirable, school-linked services emanate from comprehensive schools.

This shift will require state legislatures to design funding streams that unify school district administrative structures and services. It also will require state legislatures to ensure that state funding is based on the number of students needing special education (not just the number receiving IEPs) and on the needs of the students themselves (not on the categories into which they have been classified). State and federal funding has been too closely tied to the number of students having IEPs, thus penalizing states that provide special education to those who need it but who may not have an IEP. Furthermore, state and federal funding has been tied too much to categories of disability, so that students with a certain classification receive certain types and levels of service, rather than receiving what they actually need, without regard to their classifications.

In summary, state and local education agencies and even state legislatures themselves should move aggressively to adopt the promising practices that research, demonstration, and personnel preparation programs have developed and validated over the past 20 years of experience in special education, including reconfiguring service delivery, monitoring methods, and funding policies. It is clear that the knowledge base exists to improve special and general education practice. It is also clear that state and local education agencies and state legislatures have not, to date, put that knowledge to best use.

Recommendations for School Restructuring

The opportunities—and the risks—are high as state and local agencies begin to restructure themselves pursuant to the Goals 2000: Educate America Act. Opportunities exist to create new norms and forms for all students, to reshape schools so that excellence and equity coexist, especially for students with disabilities. Indeed, to the extent that comprehensive schools, serving as the hub of school-linked human services, can be created as restructuring moves forward, the chances increase for wider implementation of the principle of least restrictive environment. However, intensive oversight by Congress, OSERS, and state agencies is especially warranted due to the risk that school restructuring will proceed without special education constituents being substantially involved and will result in school norms and forms that reduce opportunities for students with disabilities to receive education in the least restrictive environment in neighborhood schools.

Summary

As Congress considers the reauthorization of the Individuals with Disabilities Act on the 20th anniversary of P.L. 94-142, the indisputable conclusions to be drawn from a review of scholarly literature and the work of nationally preeminent scholars in the fields of special education research and teacher training are as follows:

- IDEA advances the equal protection doctrine of the Constitution. It is not one of the so-called "unfunded mandates." It is, instead, federal assistance to the states so that the states and their local education agencies can carry out their own federal and state constitutional duties to educate all children with disabilities.
- IDEA has been the single most significant vehicle for creating and implementing effective special education. Its 20-year history of positive impact on students, their families, educators, other professionals, and communities is both obvious and impressive.
- Congress, OSERS, and state and local educational agencies must, however, improve IDEA and its implementation. The improvements will link the current islands of excellence in special education to the educational mainland. In time, they will create the mainland itself. When that happens, all students—those with and without disabilities—will benefit, all families and educators will benefit, and indeed the whole nation will benefit from the investment we have made through IDEA in advancing equality of opportunity, full participation, independent living, and economic self-sufficiency for students with disabilities.

LEARNING DISABILITIES

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Abstract

1. The educational outcomes sought for students with learning disabilities relate to the same questions that are asked about individuals without learning disabilities: Are they achieving, are they staying in school, are they prepared to enter the work force after school, are they participating in meaningful post-secondary education or training experiences, and are they prepared for adult life?

2. Significant progress has been made in the development of intervention procedures that enable these students to be successful. However, there are limited examples of systematic implementation of these validated procedures, as is evidenced by an alarmingly high dropout rate (as many as one-half of students fail to complete school).

3. The following elements have been found to be central to promoting positive outcomes for these students: (a) early identification; (b) availability of a continuum of services; (c) intensive, coordinated, and comprehensive instruction; (d) use of validated procedures; (e) emphasis on mastery of critical skills and strategies; (f) sufficient time for planning and collaboration among teachers; and (g) coordination of efforts across all stakeholders, including various agencies.

4. The following factors inhibit desired outcomes from being reached: (a) inadequate identification procedures, (b) educational faddism, (c) lack of instructional leadership, (d) inadequate teacher training, (e) lack of coordination within and across programs and agencies, (f) teacher isolation, (g) lack of felt responsibility for students by general educators, (h) unstructured instructional programs, and (i) programs that emphasize coverage versus mastery.

5. Congress should improve the quality of services provided to these students by (a) giving direction relative to creating a "seamless web" of services through interagency coordination and (b) directing OSERS to create categorical funding initiatives related to learning disabilities for research, demonstration, and personnel preparation efforts.

6. OSERS should (a) fund specific research initiatives focusing on learning disabilities, (b) fund demonstration centers that embody validated intervention procedures, and (c) fund personnel preparation efforts that enhance the competence of teachers and administrators to meet the needs of students with learning disabilities.

7. State and local education agencies should (a) require local agencies to engage in a process of strategic planning when selecting new program components or emphases, (b) shift the focus of monitoring activities from basic compliance to program quality indicators, (c) direct that personnel preparation activities follow sound principles of staff development and focus on the mastery of validated interventions, and (d) require that local education agencies create and operationalize an interagency plan.

1. What outcomes within the categorical area are recognized as important for students to obtain?

The educational outcomes sought for individuals with learning disabilities should answer the same questions as are asked of students without learning disabilities: Are they achieving; are they staying in school; are they prepared to enter the work force after school; are they participating in meaningful post-secondary education or training experiences; and are they prepared for adult life? (National Council on Disability, 1989) Included among the important educational outcomes for students with learning disabilities are (a) having basic literacy and academic skills to enable them to benefit from educational and training experiences as well as to compete in the job market; (b) having basic social and interactive skills to enable them to function successfully in academic, employment, community, and family situations; and (c) possessing, at a minimum, a *standard* high school diploma that makes available meaningful opportunities for post-secondary education or training experiences or gainful employment.

Given the very unique and heterogeneous nature of the population of individuals with learning disabilities, individual outcomes will vary. Thus, placement and programming decisions need to be tailored to meet the individual needs of each student. Additionally, because the needs of individuals in this population are so great (their deficits are so encompassing), educational plans for these students need to incorporate sufficient accommodations for intensive instruction in targeted areas of difficulty in order to enable these individuals to meet the demands in mainstream environments in such a way as to achieve the desired outcomes. When programming is designed to coincide with their unique learning needs, individuals with learning disabilities *can* become successful in both academic and employment pursuits (Robinson & Deshler, 1995).

2. To what extent have these outcomes been achieved in the last five years?

The application of IDEA to improve the outcomes of individuals with learning disabilities has had mixed results. On the one hand, the law has contributed significantly to the field's knowledge base concerning effective instructional procedures for individuals with learning disabilities. For example, when instruction is systematic, intensive, and tailored to the individual needs of students with learning disabilities, it can favorably impact their performance in the classroom and the workplace (e.g., Carnine, 1994b; Mercer & Miller, 1992; Talbott, Lloyd, & Tankersley, 1994). Unfortunately, instances of appropriate and widespread application of these known principles of instruction are very limited (Carnine, 1993).

Perhaps related to this reality is the mounting evidence that the outcomes specified in Question #1 are *not* being met for a large percentage of individuals with learning disabilities. Specifically, the dropout rate for students with learning disabilities is alarmingly high. Varying estimates indicate that as many as one-half of students with learning disabilities fail to complete school (Edgar, 1987; Wagner, 1991; Zigmond & Thornton, 1985). Inasmuch as individuals with learning disabilities do not generally have supported living alternatives in their post-school lives (like many individuals with developmental disabilities), these figures are especially discouraging in terms of the grave consequences that they foreshadow as these individuals move into adulthood.

Even for those students who do remain in school, however, there is evidence that their educational programs may be insufficient to adequately prepare them for the demanding rigors of core curriculum offerings (Deshler & Schumaker, 1993) or meaningful employment options after school (Halpren, 1993). Indeed, evidence suggests that these students enter secondary school reading and writing at the fourth-grade level (Schumaker, Deshler, Alley, & Warner, 1983). Because of this large gap between their skills and what they are expected to do in secondary school, most of these students receive failing or barely passing grades in core subject courses (Donahoe & Zigmond, 1990). In order for these students to be able to achieve the desired outcomes (in and outside of school), educational systems need to be optimally equipped to meet the needs of this heterogeneous population. Currently, schools do not provide a complete range of programming alternatives that are sufficiently broad in scope and yet sensitive enough to be responsive to unique nuances and variations of student learning patterns and needs. As a result, the majority of the desired outcomes have not been realized by individuals with learning disabilities.

3. What educational models/procedures are most effective for achieving these outcomes?

The educational programs that are most effective for enabling students with learning disabilities to achieve educational outcomes comparable to those of their peers have several features. First, they provide for the early identification of children who are at risk and ensure that those children receive appropriate and effective services immediately. Second, they include a continuum of services that are tailored to meet individual student needs across the grades and beyond school. This continuum of services ranges from intensive one-to-one or self-contained instruction for students with severe learning disabilities to the full inclusion of students who have mastered the skills and strategies necessary for success in mainstream settings. Third, instruction is intensive, comprehensive, and coordinated. That is, sufficient time and resources are devoted to targeted areas of difficulty such that the students' learning and performance are systematically addressed across settings and time. Fourth, the instructional methods that are used are those that have been validated for individuals with learning disabilities. Fifth, there is an emphasis on mastering skills and strategies as well as information within an age-appropriate curriculum. Sixth, teachers who provide services to students have sufficient time to regularly plan and solve problems together. Seventh, parents, teachers, other support personnel, and the student work together to create an individual plan for the student that ensures progress and a successful transition to post-secondary life. Finally, there is evidence of interagency cooperation relative to programming for students across the age continuum.

Within these effective programs, there are two instructional foci. First, instruction focuses on the necessary skills and strategies that students need to succeed across ages in a variety of educational and work-related settings. As students mature, the demands of the curriculum become more complex, and students need to be able to meet these demands if they are to earn average or above-average grades in required courses and remain in school. (Typically, students who earn lower grades are prime candidates for dropping out.) Second, instruction is delivered in such a way as to improve the understanding and retention of the information to be learned. Each of these instructional foci have critical features that make them successful.

In order for students to become fluent in targeted skills or strategies, teachers need to incorporate critical principles of learning into their instruction. Specifically, the skill or strategy needs to be broken down into its component parts and explicitly described to the student, it needs to be modeled in its entirety (including cognitive processes), and there need to be numerous opportunities for the student to practice using it and receive specific and individual feedback on its use. Practice opportunities need to be planned in such a way as to ensure the student's success through the use of guided practice and a programmed sequence of easy-to-difficult practice activities. Since some students have difficulty generalizing their use of a newly learned skill or strategy to other settings and situations, instruction also needs to focus on ensuring that students learn to generalize. Throughout the instructional process, student progress needs to be measured and displayed, and motivational procedures need to be applied.

Several instructional programs that are based on this instructional process have been validated through research for individuals with learning disabilities. They include direct instruction (e.g., Carnine, 1989; Woodward & Gersten, 1992), classwide peer tutoring (e.g., Delquadri, Greenwood, Stretton, & Hall, 1983; Maheady, Harper, & Sacca, 1988; Maheady, Sacca, & Harper, 1988; Mathes & Fuchs, 1993), peer tutoring (e.g., Scruggs & Osguthorpe, 1986; Top & Osguthorpe, 1987), learning strategy instruction (e.g., Schumaker & Deshler, 1992), math strategy instruction (e.g., Mercer & Miller, 1992), social skills instruction (e.g., Hazel, Schumaker, Sherman, & Sheldon-

Wildgen, 1982; Vernon & Schumaker, 1993; Vernon, Deshler, & Schumaker, 1994), and self-control/self-advocacy instruction (e.g., Van Reusen, Deshler, & Schumaker, 1989).

To enhance the delivery of content information for these students, teachers need to think carefully about what content needs to be learned, transform that content into easy-to-understand formats, and present the content to students in memorable ways. As they transform and present the content, teachers need to focus on these principles: Information needs to be experienced through several modalities, abstract ideas need to be translated into concrete forms, important information needs to be highlighted and cued, new information needs to be tied to prior knowledge, information needs to be organized so that its structure is obvious, and relationships need to be explicitly explained. Additionally, as teachers present the content, they need to make students active partners in processing the content.

One program has been empirically validated for students with learning disabilities that is based on these methods. It has been used successfully in middle and high schools to improve the performance of students with learning disabilities who have been enrolled in regular subject-area classes. Called Content Enhancement, this approach encompasses a variety of routines that general education teachers can use to plan and present critical information to classes of diverse learners (Bulgren, Schumaker, & Deshler, 1988; Lenz, Bulgren, & Hudson, 1990; Schumaker, Deshler, & McKnight, 1991).

4. What educational models/procedures most inhibit these outcomes?

Several factors serve to inhibit the achievement of expected outcomes for students with learning disabilities. They include:

* Inadequate identification procedures. There is limited evidence that current classification and diagnostic models used to identify students with learning disabilities provide practitioners or researchers with useful information to make informed placement and programming decisions. Consequently, current practice largely relies on data from technically inadequate measurement instruments that are viewed within conceptual and theoretical frameworks that have not been clinically or empirically validated (Lyon, 1993).
* Educational faddism. Educators often make policy decisions based on the latest educational fad rather than on what has been shown, through research, to work with students with learning disabilities. As a result, programs tend to be transformed on a moment-to-moment basis from one approach to another with little basis for the transformation. Sometimes, due to teacher confusion, no approach is emphasized, thus limiting the effectiveness of the instruction that is provided.
* Lack of instructional leadership. At the state and local levels, there is a dearth of instructional leaders who are willing to commit to an instructional program that is comprehensive and coordinated across the grades and across special and general educational settings for this population. Instructional leaders are often not informed about what works best, and, as a result, their decisions with

regard to allocating resources (e.g., for training, for collaborative opportunities) are not the most appropriate.

- Inadequate teacher training. Although several methods are now available that have been shown to help students with learning disabilities meet the expected outcomes, teacher-training experiences do not necessarily focus on these methods. Indeed, at the annual meeting of the Professional Advisory Board of the Learning Disabilities Association in March 1994, there was widespread concern expressed that special education teachers are no longer being trained how to teach students with learning disabilities how to read. Teacher-training experiences often focus on an awareness of various materials that are available and do not ensure that the teachers *master* the skills needed to implement the comprehensive types of instructional programs needed by this population within a continuum of services (National Joint Committee on Learning Disabilities, 1987). In-service training experiences are typically one-shot affairs with no follow-up or expectation that the methods will be actually implemented. As a result, the status quo remains intact.
- Lack of coordination within and across programs and agencies. Frequently, the left hand doesn't know what the right hand is doing! (Adelman, in prep.) Programming efforts started in the elementary grades are often totally abandoned when a child moves into middle school; still another programming emphasis may prevail in high school. When services are not coordinated, students lack the concentrated and intensive instruction required to improve

their performance. Even more alarming is the fact that there is often a total lack of services prior to children's entering public schools and very unpredictable service offerings following high school. For young adults with learning disabilities, a variety of agencies *could* potentially impact their performance; however, the lack of interagency coordination more often than not minimizes the probability that meaningful intervention and support will be provided. In short, the lack of a "seamless web" of services significantly reduces the gains that individuals with learning disabilities can make in overcoming learning deficits.

* Teacher isolation. Teachers often have little contact with each other, and there are limited opportunities built into the school routine for regular collaborative work. This hampers teachers' abilities to serve students with special needs because the instruction for these students needs to be well coordinated (Johnston, Allington, & Afflerbach, 1985). Students need to learn the skills and strategies that enable them to meet the demands of the classes they will face, but, if teachers are not communicating, those demands will not be clear, and the instruction will probably be lacking.
* Lack of felt responsibility for students by general educators. General educators often feel that special education teachers are responsible for educating students with learning disabilities, and they are responsible for educating students without disabilities. As a result, when they are approached to learn new methods for planning, transforming, and presenting their content, some general

educators indicate that they are not interested or feel overwhelmed with their currently assigned duties and responsibilities (McIntosh, Vaughn, Schumm, Haager, & Okhee, 1993). Nevertheless, the involvement of these teachers is critical if students are to succeed in required mainstream educational experiences.

* Unstructured instructional programs. Often, programs are based on unstructured, discovery-learning approaches. That is, students are expected to "discover" the skills or information that they need to learn. Students with learning disabilities typically do not do well in these types of instructional environments. They do not "discover" how to learn to read or how to interact in social situations, for example. They need to be explicitly taught these skills and strategies through instructional methodologies that emphasize explicit teacher description and modeling of targeted behaviors, multiple practice opportunities with feedback, mastery of targeted skills or strategies, and programmed generalization across settings (Mather, 1992).

* Programs that emphasize coverage versus mastery. Because students with learning disabilities need multiple practice opportunities to learn something new, they typically need more practice than their nondisabled peers. Thus, programs that emphasize the coverage of information and skills and that do not allow for additional practice opportunities for those who have not mastered the information and skills are problematic for them. This is another reason why

collaboration among teachers is critical to ensure that these additional practice opportunities are made available.

5. Provide two or three specific recommendations for action by Congress.

Congress can improve the quality of services provided to students with learning disabilities by (a) giving direction relative to creating a "seamless web" of services through interagency coordination and (b) directing OSERS to create categorical funding initiatives for research, demonstration, and personnel preparation efforts.

Direction to Provide Services Through Interagency Coordination

Congress should give direction to the Departments of Education, Labor, and Health and Human Services relative to the creation of a seamless web of services for individuals with learning disabilities. To prepare individuals with learning disabilities to enter adulthood in a position to compete effectively in the job market and to contribute to the community commensurate with their abilities, they must be provided well-coordinated services across the 3-21 age continuum. The heterogeneous nature of the condition of learning disabilities necessitates that services rendered by agencies representing various perspectives and resources be coordinated so that optimal gains will be made by individuals with learning disabilities as they transition from one age, school level, or agency to the next.

Congress should hold oversight hearings one year following enactment of the interagency mandate to determine the degree to which various federal agencies are responding to the establishment of meaningful interagency coordination of services.

Additionally, as a condition of states receiving federal funds, state education agencies should be required to give assurances of compliance with state, regional, and local interagency planning.

Directing OSERS to Provide Categorical Funding for LD Initiatives

Congress should direct OSERS to create targeted funding opportunities to support research, demonstration, and personnel preparation efforts in the learning disabilities field through IDEA appropriations. Currently, there are *no* funding initiatives that are directed specifically at learning disabilities! This is not only ironic but exceedingly alarming given the fact that the *largest* number of individuals with disabilities receiving services under IDEA are classified as having a learning disability. Currently, there are separate funding programs for *other* categorical areas (e.g., deaf-blind, severe disabilities, and emotional disturbance) but *nothing* for learning disabilities. Additionally, a large percentage of current IDEA appropriations is set aside for age groups *outside of school-aged children*. That is, there are specific programs for early childhood/preschool efforts and transition/post-secondary efforts. However, no specific funds are targeted for innovative efforts for school-aged individuals, the largest percentage of the exceptional population.

The primary area under current IDEA appropriations where any innovative work (be it in research, demonstration, or personnel preparation) can be conducted is through the Division of Innovation and Development. Unfortunately, proposals targeted at learning disabilities must compete with proposals from other categorical and age-group areas as well. This open competition attracts large numbers of applications on populations that are also funded under specific categorical and age-group programs (e.g., emotional disturbance, early childhood). In essence, because of this "double dipping" opportunity for some and the lack of categorical funding for learning disabilities efforts, very little research, demonstration, and personnel preparation efforts are being supported for the largest group of individuals with disabilities in the United States: school-aged individuals with learning disabilities.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally-funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS should (a) fund specific research initiatives focusing on learning disabilities, (b) fund demonstration centers that embody validated intervention procedures, and (c) fund personnel preparation efforts that enhance the competence of teachers and administrators to meet the needs of individuals with learning disabilities. In order to appropriately address each of the areas outlined below, OSERS must establish categorical funding priorities for learning disabilities as specified in the response to Question #5.

Fund Research Initiatives Focusing on Learning Disabilities

OSERS should specify a research agenda that addresses the following targets:

- The development of valid frameworks for reliably identifying and classifying the population, including cost-efficient procedures that require minimal assessment for placement and reevaluation of students with learning disabilities.
- The development of effective and efficient instructional procedures and models that promote academic, social, and life-adjustment competence for individuals with learning disabilities. This research should establish the instructional conditions that are necessary in order for students with learning disabilities to demonstrate mastery and generalization of a targeted skill or strategy as well as mastery of required information in core subject areas.
- The development of innovative models that promote effective utilization of research knowledge by various stakeholders engaged in practice (e.g., policymakers, practitioners, parents, students, etc.). Research in this area should establish ways to close the gap between research and practice so that the growing body of validated intervention and programming procedures can be integrated into practice on behalf of individuals with learning disabilities.

Fund Demonstration Centers That Embody Validated Intervention Models

OSERS should specify an agenda that addresses the following targets:

- The development of a set of standards by which demonstration sites should be developed and maintained over an extended period of time to determine the separate factors and overall dynamics that impact the successful implementation of an instructional program for individuals with learning disabilities at a given grade level.

- The development of demonstration sites that cut across multiple age levels and agencies and that provide both comprehensive and extended services to students *over time.* These projects will shed light on the requirements to establish a seamless web of services across time, settings, and agencies for individuals with learning disabilities.

Fund Personnel Preparation Efforts That Enhance the Competence of Administrators and Teachers with Regard to Serving Individuals with LD

OSERS should specify an agenda that addresses the following targets:

- The development of preservice and in-service personnel preparation programs that require the development of high-level expertise in special educators serving students with learning disabilities relative to the proficient application of validated practices in assessment, intervention, and collaboration.
- The development of preservice and in-service personnel preparation programs that foster appropriate attitudes and competencies by general educators (e.g., how to plan for, directly instruct, and collaborate with special educators) to meet the unique needs of students with learning disabilities as well as other students in their classes.
- The development of preservice and in-service personnel preparation programs for school administrators that will enable them to provide strong leadership and to make informed decisions regarding the provision of services that meet the needs of individuals with learning disabilities in their setting.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies should (a) require local agencies to engage in a process of strategic planning when selecting new program components or emphases, (b) shift the focus of monitoring activities from basic compliance elements to program quality indicators, (c) direct that personnel preparation activities follow sound principles of staff development and focus on the mastery of validated instructional methods, and (d) require that local education agencies provide assurances that programming for individuals with learning disabilities involves an interagency plan.

Require the Use of a Strategic Planning Process When Selecting New Program Components

To prevent policymaking that seeks to meet educational challenges by embracing the latest educational fad, districts should be required to use a process that engages them in systematic decision making regarding the selection of new programs. A process that embodies, at a minimum, the following components should be followed: (a) setting improvement goals, (b) defining the scope of the improvement plan, (c) identifying validated approaches (i.e., tools and practices that are effective, sustainable, accountable, equitable, and cost efficient), and (d) planning and managing the implementation plan (Carnine, 1994a).

Shift the Focus of Monitoring Activities from Compliance to Quality

In order to enable individuals with learning disabilities to acquire desired outcomes (see Question #1), states must concentrate their monitoring activities on the quality of services provided to individuals with learning disabilities. Measures of the amount and nature of instruction (e.g., time on tasks that are directly related to IEP targets, intensity of instruction, consistency and coordination of instruction, etc.) should be conceptualized and used to monitor programs.

Direct That Personnel Preparation Activities Follow Sound Principles of Staff Development and Focus on the Mastery of Validated Interventions

The use of any flow-through dollars for staff development purposes should be restricted to districts that follow a plan for personnel preparation that is based on established principles associated with effective staff development and system change (e.g., Fullan with Stiegelbauer, 1991). Currently, most in-service sessions are "one-shot" presentations with no expectations for mastery or implementation. Additionally, fund availability should be made contingent on the delivery of content that has been empirically validated for the target population.

Certification requirements for preservice education should be reexamined to ensure that they emphasize validated practices and that students are required to demonstrate *mastery* of the targeted skills and not merely awareness of them. Additionally, certification requirements for administrative personnel should be amended to require them to become knowledgeable in current trends, issues, and methods related to assessing and instructing individuals with learning disabilities.

Require That Local Education Agencies Construct and Operationalize an Interagency Plan for Programming for Individuals with LD

The requirement to conceptualize and operationalize a plan of action for delivering services to individuals with learning disabilities should be established for local education agencies to provide a seamless web of services for individuals across ages and agencies.

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Annotated Literature Abstract

Citation

Deshler, D. D., & Schumaker, J. B. (1988). An instructional model for teaching students how to learn. In J. L. Graden, J. E. Zins, & M. J. Curtis (Eds.), Alternative Educational Delivery Systems: Enhancing Instructional Options For All Students (pp. 391-411). Washington, DC: National Association of School Psychologists.

Abstract

The authors describe the Strategies Instructional Model, a comprehensive instructional model designed to teach students with learning disabilities how to learn and how to perform academic, social, or job-related tasks efficiently, effectively, and independently. Each participant in the model has varying, yet complementary, responsibilities. More specifically, support service teachers teach students with learning disabilities the skills and strategies needed to succeed in school and work. Mainstream class teachers teach content using content enhancement routines to improve student understanding and memory. Students with learning disabilities take responsibility for learning new skills and strategies and apply them to acquire content and respond to other mainstream demands. Parents, administrators, and ancillary staff provide external support for students with learning disabilities and their teachers. When working in concert, the participants can significantly improve the academic and social success of students with learning disabilities.

Key Points and Quotes

1. Support service teachers must systematically teach strategies to students with learning disabilities in an intense and direct fashion.

"To enable students to master strategies, a teaching methodology, based on sound instructional principles, has been developed (Deshler, Schumaker, & Lenz, 1984; Ellis, Deshler, Lenz, Schumaker, & Clark, 1991). This methodology has two major phases: the acquisition phase and the generalization phase. The purpose of the acquisition phase of the teaching methodology is to give students the knowledge, motivation, and practice necessary to apply a strategy successfully in the support setting...[whereas in the generalization phase teachers provide] multiple exemplars, daily reminders about where the strategy can be used, and actual application of the strategy to mainstream class assignments and materials." (pp. 397-398)

2. Mainstream teachers can use content enhancement routines to improve the learning of all students enrolled in their classes.

"Recent research has clearly demonstrated that mildly handicapped students and low achievers can experience success in responding to the demands of the mainstream curriculum if content teachers...(Bulgren, Schumaker, & Deshler, 1987; Deshler, Schumaker, Bulgren, Hudson, & McKnight, in press; Lenz, Alley, & Schumaker, 1987; Schumaker, Deshler, Hudson, McKnight, in press)...teach content to their classes through the use of specific teaching routines so as to enhance the understanding and memory of that content by all students." (p. 403)

Annotated Literature Abstract

Citation

White, W. A. T. (1988). A meta-analysis of the effects of direct instruction in special education. Education and Treatment of Children, 11, 364-374.

Abstract

The author describes a meta-analysis on the effects of Direct Instruction programs in special education. Twenty-five experimental studies were included in the meta-analysis. The studies targeted teaching students with learning handicaps (e.g., learning disabilities) in basic skills (e.g., reading skills, math skills, and social skills). An effect size was calculated for each dependent measure on which the experimental (Direct Instruction) and comparison treatments were compared. Analysis of the effect sizes indicated that not a single outcome measure in any of the 25 studies favored the comparison treatment, whereas, 53 percent of the outcome measures significantly favored the Direct Instruction treatment.

Key Points and Quotes

1. The effectiveness of Direct Instruction on student learning of basic skills is supported with a strong research base.

"Not a single outcome measure in any of the 25 studies significantly favored the comparison treatment. The means show that, on the average, 53 percent of the outcome measures significantly favor DI (Direct Instruction). This value far exceeds the 5 percent that would be expected by chance if there were actually no differential effects between DI and the comparison treatments. The average advantage of .84 standard deviation units that DI treatments maintain over comparison treatments is well above the standard of .25 to .33 that has been typically used to determine educational significance of an educational treatment effect (Stebbins, St. Pierre, Proper, Anderson, & Cerva, 1977)." (pp. 367-368)

2. Direct Instruction is a robust instructional methodology proven effective in varying skill areas with varying ages and groups of students.

"The 25 studies on Direct Instruction treatments of over a week in length found a strong, consistent effect for the treatment. The strength is not limited to a particular age range, or handicapping condition, or skill area. The meta-analysis indicates that, based on 25 studies, instruction grounded in Direct Instruction theory (Engelmann & Carnine, 1982) is efficacious for both mildly and moderately/severely handicapped learners, and in all skill areas on which research has been conducted." (p. 372)

Model Profile

Wethersfield Public Schools in Wethersfield, Connecticut, is a school district in a middle-class, residential suburb of Hartford, that is about 13 miles square. The student population of 3,019 attends seven schools (one for kindergartners, four for grades 1 to 6, one for grades 7 and 8, and one for grades 9 to 12).

Wethersfield's superintendent, Dr. Richard Zanini, is committed to providing effective services to at-risk students. He has provided the resources necessary to support a teacher, Rosemary Tralli, to become a Certified Trainer in strategic instruction and content enhancement, developed at the University of Kansas Institute for Research in Learning Disabilities. Annually, he provides the resources necessary for this trainer to offer a three- or four-day sequence of formal professional development experiences to teachers in the district and an additional four days of visitation to classrooms for support and feedback experiences. He also supports informational workshops for parents provided by the special education teachers. He regularly publicizes accomplishments of the instructional program through the media and speaks regularly with the Board of Education to obtain the necessary support and resources.

Administrative personnel, including the Director of Pupil Personnel, the Supervisor of Special Education, and school principals, work together with special education teachers to ensure the success of the program for students with learning disabilities in the district. As a result, a continuum of comprehensive services is available within the district for students with learning disabilities ranging from self-contained classes to full inclusion in mainstream classes for those students who have mastered the necessary skills and strategies. A team of district personnel has created a district plan for serving students with learning disabilities that includes a scope and sequence of instruction of skills and strategies that is used flexibly to meet individual student needs.

Typically, in the early elementary grades, students learn the basic skills necessary to prepare them for later instruction in strategies. For example, they learn basic reading and math skills, how to pronounce and spell the prefixes and suffixes, and how to identify the verb and subject of a sentence. In the later elementary grades (5th and 6th grades), they begin instruction in simple learning strategies. For example, they learn the Sentence Writing Strategy (Schumaker & Sheldon, 1985), a strategy for writing a variety of complete sentences; the Word Identification Strategy (Lenz, Schumaker, Deshler, & Beals, 1984), a strategy for decoding words; and the Paraphrasing Strategy (Schumaker, Denton, & Deshler, 1984), a strategy for transforming the main ideas and details of a passage into the reader's own words. In middle school, students learn the Error Monitoring Strategy (Schumaker, Nolan, & Deshler, 1985), a strategy for correcting one's own writing errors; the LINCS Strategy (Ellis, 1992), a strategy for learning the meaning of vocabulary; and the Test Taking Strategy (Hughes, Schumaker, Deshler, & Mercer, 1988), a strategy for approaching tests in a structured way. At the high school level, students learn the Paragraph Writing Strategy (Schumaker & Lyerla, 1990), the Theme Writing Strategy (Schumaker, in prep.), and the FIRST-Letter Mnemonic Strategy (Nagel, Schumaker, & Deshler, 1986), a strategy for mastering information. They also learn and use the Education Planning Strategy (Van Reusen, Bos, Schumaker, &

Deshler, 1987), a self-advocacy strategy for planning one's own education and transition to adult life and leading one's own IEP and transition planning meetings.

General education teachers regularly complete a "demands questionnaire" about the demands of their courses so that teachers and students know what strategies will be needed for each course. Special education teachers and general education teachers regularly meet to coordinate instruction and problem solve regarding particular students. Special education teachers often provide strategy instruction within general education classes. Also, pairs of students with learning disabilities provide learning strategy instruction in general education classes. Some general education teachers independently teach learning strategies in their classes and utilize Content Enhancement procedures to plan and deliver information in their classes. A cumulative file of student progress in strategy instruction follows the student from school to school within the district to ensure coordination and continuity.

Tyren is an eleventh grader in the district. He began instruction in learning strategies in eighth grade, when strategy instruction was first offered to students in self-contained special education classes. At that time, he was reading at the fourth-grade level and had severe decoding problems when he needed to read grade-appropriate textbooks. Although he could write basic sentences, he could not spell (his spelling score was below the 10th percentile). He had been enrolled in self-contained classes because whenever he was enrolled in low-track regular education classes, he received barely passing grades.

In eighth grade, Tyren learned the Word Identification Strategy, the Paraphrasing Strategy, the Error Monitoring Strategy, and the Test Taking Strategy by attending a strategies class five days per week for one period per day. During eighth grade, he was enrolled in mainstream low-track classes (classes for low-achieving students) in every subject except math (he attended a special education math class). By the end of eighth grade, he was earning Bs and Cs in his low-track classes and was reading at the eighth-grade level.

In ninth grade, Tyren received additional strategy instruction for three class periods per week, improving his fluency and effectiveness with the strategies he had learned in eighth grade and learning the Paragraph Writing Strategy and the Education Planning Strategy. He continued to earn Bs and Cs in his low-track mainstream classes. He continued to receive math instruction in a special education math class. For the tenth and eleventh grades, Tyren has enrolled in regular-track classes in every subject except math class, which has been a low-track class. He has received additional strategy instruction for two class periods per week and has been an honor-roll student throughout both years. He and his parents are currently making plans for Tyren to go to college.

Tyren is not an exception in the Wethersfield district. Of the 34 students with learning disabilities and/or attention deficit disorders currently receiving strategy instruction in the resource room at the high school level, at least half of them are on the honor roll each semester. All of them are enrolled in regular-track classes in which they have earned at least C grades. The majority of these students have had strategy instruction since sixth or seventh grade. In the past six years, only two students in this program have not attended college, and all those who have attended college have been successful.

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MENTAL RETARDATION

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Abstract

1. The four most important outcomes are employment, development of independence, the acquisition of life skills, and inclusion within the school and community.

2. In the last five years, these outcomes have been achieved to a mixed degree. While progress has been made on conceptualizing the issues and concerns, limited impact on individuals' lives has been accomplished.

3. Models which have facilitated achievement of outcomes have included (a) the extension of supported empowerment initiatives, (b) the development of models of empowerment and self-determination, (c) the emergence of life skills models which broaden the concept of adult adjustment beyond just vocational skills, and (d) dialogue on appropriate ways to achieve placements within functional curricular programs.

4. Inhibitors that have affected success include (a) realities within the community, (b) absence of supports in adulthood, (c) implementation of least restrictive placements in school and community without necessary supports, and (d) continued reliance on nonfunctional curricula.

5. Specific recommendations for action by Congress include (a) the clarification of funds being available to follow students into post-secondary educational placements and (b) the strengthening of the requirement for comprehensive transition planning.

6. Implementation would be enhanced by (a) targeting research and model programs funds for students who have been considered mildly mentally retarded, (b) modifying data reporting procedures to provide a specific focus on those with mild retardation,

and (c) requiring state education agencies (SEAs), or local education agencies (LEAs), to conduct periodic follow-up of students after school exit.

7. Implementation would be enhanced via (a) an increased commitment to appropriate curricular alternatives at the secondary level, (b) the assurance that quality transition planning takes place, and (c) the adoption of the concept of supported education as central to least restrictive placements vs. that of physical integration.

1. *What outcomes within the categorical area are recognized as important for students to obtain?*

Note: The focus within this section is on individuals, and programs for individuals, who traditionally have been classified as mildly mentally retarded.

The four primary outcomes that are recognized as important for students with mild mental retardation are productive employment, self-sufficiency and independence including empowerment, functional life skills, and inclusion within the schools and the community. In terms of employment, the specific desired outcome goals most notably include paid, competitive work, nonpaid integrated volunteer activities that contribute to an individual's quality of life and sense of empowerment, and training programs to enhance work skills. The centralized focus of this outcome area is on the productive involvement of the individual within the workplace in the community.

In the area of self-sufficiency and independence, the need for individuals with mild mental retardation is to become responsible for themselves in adulthood. Specific aspects of this focus include empowerment, self-determination, and choice-making.

The acquisition of life skills focuses on the above concerns as well as on the importance of competence in everyday life activities. This area includes, but is not limited to, successful community use, home and family involvement, social skills, health and safety skills, leisure, and successful participation in the community as associated with citizenship (e.g., compliance with legal and cultural standards).

The fourth outcome, inclusion, is critical for the successful development of individuals with mental retardation. The primary goal of inclusion is successful involvement in the community. As a necessary step toward this goal, individuals should be included within school programs to the maximum extent possible while there still is assurance that such placement facilitates their school success. The key element of community and school inclusion is that individuals are welcomed and accepted into such integrative environments and that appropriate opportunities are ultimately available for inclusive living arrangements, socialization opportunities, and meaningful work in the community at large. The significant distinction to be made is between true inclusion, wherein an individual functions as a viable and valuable member of a community, and mere physical integration, in which placement is achieved without assurance of involvement or participation. Merely placing students in general education classrooms when they are not socially integrated, and when they are not actively participating in classroom activities, is not the intent of inclusion (Smith, Polloway, Patton, & Dowdy, 1995). Likewise, adults with mental retardation who live in the community but do not participate in community activities are not able to fulfill the true spirit of inclusion (Gardner & O'Brien, 1990; Storey, 1993).

2. To what extent have these outcomes been achieved in the last five years?

In terms of employment, more individuals with mental retardation are now working in inclusive settings (ARC, 1993), opportunities for increased skills have been effected through various training models, and the use of comprehensive sheltered workshops has decreased while the reliance on transitional programs which prepare individuals for competitive and/or integrative work opportunities has increased (Gardner, 1990; Revell, Wehman, Kregel, West, & Rayfield, 1994). However, while those with more severe disabilities have had enhanced employment outcomes in recent years, through greater access to adult supports, it is not clear that those with mild retardation, often not with such access, have progressed as positively. Moreover, definitional, and hence population, changes in the field have hindered the careful tracking of the adult lives of individuals who have mild retardation.

In terms of independence, the benefits of the federally funded self-determination projects are just beginning to be realized (Wehmeyer, 1994). As the outcomes from these projects are being disseminated and as their appearance in the literature increases, there is beginning to be a clearer reflection of this area as a critical outcome of concern. It can be anticipated that curricular advances will begin to follow that will support self-determination and independence.

In terms of independent living, many individuals with mild retardation, as many young adults in general, are likely to live with their families after school completion (Affleck, Edgar, Levine, & Kortering, 1990). For those who are in the community, limited data are available. Certainly it is more likely that they are "on their own" when compared to those with more severe disabilities (who are more likely to be in supported housing), but it is likely that many are living in substandard environments.

With regard to life skills, there has been significant work done in the last five years to increase the focus on the preparation of individuals for community life, reflecting the fact that successful adult adjustment is not just a function of work skills. To a large extent, this emphasis has grown out of the transition focus in educational program development. Curricular changes further reflect the increased attention being provided to these emphases

(Polloway, Patton, Epstein, & Smith, 1989). There has been an increased call for the inclusion of such a focus in the curriculum of elementary students as well (Polloway, Patton, Smith, & Roderique, 1992). However, the relatively limited data available in this area suggest that more work needs to be done to enhance life skills acquisition.

In terms of inclusion, it is clear that the number of individuals with disabilities in general who are spending increased time in the general education classroom has increased. At the same time, these numbers have not changed as significantly for individuals with mental retardation. According to the Sixteenth Annual Report to Congress (U.S. Department of Education, 1994), the percentage of students (ages 6-21) with mental retardation served in regular classes is now 5.04 percent. Because these data reflect the 1991-92 academic year, it may be that the inclusion of all students with mental retardation has increased more noticeably in the past two academic years. Within the community, individuals with mild retardation have historically not been excluded. However, it is likely that their physical presence has not yet signaled a high degree of acceptance and involvement in many communities.

A potentially major contribution in the future to the achievement of the inclusion goal has been the adoption of the new definition and classification system of the American Association on Mental Retardation (Luckasson et al., 1992), which clearly advocates for the development of inclusive environments. Most notably, this manual has a significant focus on the importance of supports as a necessary condition for successful inclusion of individuals with mental retardation in both school and community.

3. What educational models/procedures are most effective for achieving these outcomes?

Employment

A variety of models and procedures promote more positive employment outcomes for students with mental retardation. There has been an increased emphasis on supported employment (Gardner, 1990; Test, Hinson, Solow, & Keul, 1993), although its usage has been more common for individuals with more significant disabilities (Revell et al., 1994). Schools increasingly have appropriate models for vocational training programs, both within general and special education (Clark & Kolstoe, 1995). Edgar and Polloway (1994) provide an outline of effective vocational training programs offered under the respective umbrellas of special and general education. However, the existence of such models does not ensure that students receive this focus; too often the curricular emphasis remains on academic, nonfunctional programs at the secondary level. It could be argued that the work study program models of several decades ago (e.g., Kolstoe & Frey, 1965) better served this population than have such contemporary nonfunctional curricula. This concern has relevance for the other three outcome areas as well.

Independence, Self-determination, and Empowerment

A number of models have the potential for guiding future educational practice in this area. These include the model developed by Field and Hoffman (1992) that focuses on the individuals' needs to understand and value themselves and to possess the ability to define and achieve personally relevant goals. Another model has been provided by Polloway, Smith, Patton, and Smith (in press). It is derived from the work of Geller (1994) and focuses on empowerment, stressing the interrelationship between social control, self-efficacy, self-esteem, optimism, and belongingness. Consistent with this trend, Wehmeyer (1994) reports positive results from two ongoing projects to improve the self-determination of individuals with mental retardation. Wehmeyer's (1993) emphasis on self-determination stresses the development of skills necessary to act as the primary causal agent in one's own life. This conceptualization has great potential for the further development of educational models.

Life Skills

A variety of life skills models have been developed and refined in recent years in order to provide appropriate structure for educational interventions. For example, these include programs developed by Brolin (1992), Cronin and Patton (1993), Dever (1988), and Smith and Schloss (1988). Appropriate emerging models reflect increased emphasis on life skills within individual transition planning, the increased emphasis on the importance of social skills (see Sargent, 1991), and the more widespread acceptance of the importance of community-based instruction (Smith & Hilton, 1994).

Inclusion

In terms of models to enhance increased inclusion, several noteworthy aspects relate to the interaction of a life skills focus with inclusion. For example, Smith and Hilton (1994) have advocated that the curricular needs of individual students should be paramount in the consideration of educational programs. Towards this end, Beck, Broers, Hogue, Shipstead, and Knowlton (1994) reported on a model for teaching life skills within an inclusive setting. Specific community-based areas which also reflect the recent increased inclusion within community settings include independent and supported living (Gardner, 1990; Lozano, 1993;

Walker, 1994). The challenge is to apply such models to individuals with mild mental retardation who often are not the beneficiaries of them.

4. What educational models/procedures most inhibit these outcomes?

While a number of initiatives have advanced a positive focus on appropriate outcomes for students with mental retardation, there are a number of models, procedures, and variables that continue to inhibit achievement of these outcomes. An overriding concern is the fact that the specific needs of individuals with mild retardation are not often acknowledged both in terms of needs of appropriate curricula in school and necessary supports in adulthood.

In terms of employment, several community variables are particularly problematic. These include limited job opportunities, various changes and complexities within the work force, economic fluctuations and uncertainties, and possible financial disincentives for working related to the loss of benefits (Carnevale, Gainer, & Meltzer, 1990; Gardner, 1990). In addition, the continued use of sheltered employment models contributes to limited competitive employment opportunities. The role of technological changes presents both advantages and challenges. Technology in some areas has decreased the need for employees in positions that might otherwise have been occupied by individuals, including those with mental retardation. At the same time, technology has also made possible opportunities through the use of assistive and augmentive devices. The lack of widespread training opportunities in technological fields also hinders individuals' job placement. The absence of a clear commitment to relevant vocational training programs for individuals with mild mental retardation is particularly problematic. Further, the absence of paid work opportunities within the school experience is a significant contributor to the school dropout rate. In reference to the dropout rate, the fact that the number remains quite high for individuals who have mental retardation (at a rate of at least 19.55 percent) (U.S. Department of Education, 1994) certainly has significance for the acquisition or achievement of all of the important outcomes. The lack of social skills training also inhibits the success of individuals with mental retardation in work settings (Butterworth & Strauch, 1994).

The period of time immediately following completion or withdrawal from secondary education has been referred to as a time for "floundering" (Edgar, 1987). One reason for this, in addition to the obvious developmental reasons, is the fact that the field of special education has not yet fully implemented successful educational models to develop individuals' independence and empowerment. This problem is further aggravated by a generalized fear of risk-taking, a fear that is common to both family members and individuals with mental retardation themselves. In addition, traditional reliance on extrinsic forms of reinforcement in special education programs can encourage dependence and perhaps even learned helplessness among students. An increase in the relatively infrequent use of cognitively based interventions with students with mental retardation would respond to this concern (Polloway, Patton, Smith, & Buck, in press). Given the relative recency of self-determination and empowerment models, it is likely that educational programs have yet to fully address these concerns within the curriculum.

A number of procedures have inhibited the successful implementation of a life skills focus within educational programs (Halpern & Benz, 1987). The competing curricular goals of relevance and inclusion are illustrated by the commitment to placement within general education classrooms in spite of the frequent nonfunctionality of many such programs. Further, aspects of the school reform movement which resulted in an increased emphasis on basic skills have often resulted in attention to less career-relevant programs. On balance, the irresponsible emphasis on inclusion per se without attention to curricular needs can jeopardize the opportunity for the acquisition of functional skills in individuals with mental retardation. As Smith and Hilton (1994) indicate, programs should be based on individual needs rather than philosophical generalities. The recent stance assumed by The Arc, for example, in advocating a scorecard approach to school inclusion can distract attention from the importance of evaluating the quality of programs by focusing attention solely on the practice of physical integration. Finally, teacher preparation programs have not responded well to the importance of transition education and, in part related to that fact, teachers often fail to appreciate the importance of life skills instruction or do not know how to incorporate them into the curriculum.

In terms of inclusion, a significant problem has to do with the readiness of general education to change to accommodate individuals with mental retardation and related disabilities. While teacher and administrator attitudes are an important part of this, equally significant are the related factors of inflexibility within the curriculum, the question of treatment acceptability (i.e., teachers' openness to adaptations and modifications that promote successful learning in the general education classroom), and inadequate training for teachers. Previously utilized service delivery models, including full-time self-contained classes, are still not uncommon for students with mental retardation in the schools, as data from the U.S. Department of Education (1994) indicate (i.e., 59.2 percent), and thus it is still relatively uncommon for general education teachers to have students with mental retardation in their classes (Bursuck, Polloway, Plante, Epstein, Jayanthi, & McConeghy, in press). In addition, appropriate supports are often not available and/or are insufficient to promote successful learning in inclusive settings. The absence of vocational and life skills curriculum within general education can also have a negative effect on the possibility of inclusion because the choice is often between segregated settings (with or without functional curricula) and inclusive classes without a functional focus for these students. Finally, in some communities, the lack of acceptance and the tardiness in, or absence of, the development of support mechanisms can hinder community inclusion (Lozano, 1993).

5. Provide two or three specific recommendations for actions by Congress.

Congress should improve IDEA by focusing on post-secondary and transition issues.

Funding Post-secondary Education for People with Disabilities

Congress should clarify that IDEA and state-local funds provided for students with mental retardation can follow them into post-secondary school environments. Many students with mental retardation continue to enroll in educational programs beyond the age of 18, and in some states beyond the age of 21. Educational supports should be available to these individuals so that these programs and opportunities can be provided alternatively through local community and junior colleges and vocational-technical schools as opposed to being provided within high school settings. Such a change in funding patterns would provide for a more age-appropriate educational environment for students, encourage the development of responsive post-secondary programs for students with mental retardation, promote the development of appropriate social skills through interaction with same-age peers, and increase the likelihood that students will remain in school and pursue advanced training.

Planning for Transition

Second, it is critical that quality transition planning be required of all schools and states receiving support under IDEA. Currently, many of the efforts under the name of transition planning represent perfunctory attempts to comply with federal legislation. Congress should give more specific directives concerning the minimal standards for comprehensive transition planning within the individualized educational program process. Further, Congress should require transition planning to take place no later than age 14 (as opposed to 16 in current legislation). In addition, Congress should clarify that it is necessary for other agencies (e.g., vocational rehabilitation, employment commissions, social services) to participate in the transition process. While educational programs are required to follow the tenets of IDEA, it is difficult to ensure that such planning is appropriate and comprehensive if there is not a comparable requirement and commitment governing the involvement of other related agencies.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS can improve IDEA's implementation in several ways.

Targeting Grant Support

Targeted funds within the field of mental retardation have been virtually nonexistent at the federal level when consideration is given to those students traditionally referred to having mild mental retardation. While personnel preparation program initiatives and research dollars have frequently targeted students with learning disabilities, emotional and behavioral disorders, severe disabilities, and sensory impairments, there has been no comparable commitment in the field of mild mental retardation. While reasons for this absence of support may vary, the consequences are apparent. There is virtually a nonexistent data base from the 1980s and 1990s on the nature of, and the efficacy of educational programs for, this population. Specific questions remain unanswered and thus are more commonly dealt with by professional opinion and bias rather than empirical support. A particularly important example is the need for research on the impact of inclusion on the successful development of the individual who is mentally retarded (Storey, 1993). To date, such targeted research has not been supported for this population and consequently the research literature is virtually bereft in this area. Further research on the empowerment of individuals with mental retardation would also be a welcome addition (Wehmeyer, 1994). Finally, there is a significant need for the attention of research and/or a task force to the life status of individuals in the 70-85 IQ group; these individuals may have been classified in prior decades as having mild mental retardation but are rarely so in the 1990s.

Improving School Data Reporting

The annual reports to Congress by the Department of Education have been critical research documents for legislators, administrators, researchers, and other policy-makers. The data on number of children served, school placements in which educated, and school exit have been invaluable tools for these groups. However, in the field of mental retardation the data as reported have been limited by the use of the generic mental retardation category rather than some system that differentiates individuals who are so labeled. The breakdown of data in such a way that summaries would be available for students who have traditionally been referred to as having mild mental retardation would greatly assist in discussing trends in terms of the relative prevalence of the condition, degree of inclusion, and their status of this group upon exit from school.

Securing Follow-up Data

There is a relative dearth of data on the adult outcomes of students with disabilities. Regulations which dictate the need for, and provide financial support for, conducting follow-up studies by state and/or local education agencies would greatly advance our understanding of the lives of young adults. In the absence of these data, the initiative for curricular change and the documentation of the need for employment and learning supports remain more of a presumed need than a documented necessity.

7. *Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.*

State and local education agencies have important roles in improving IDEA's implementation.

Increasing Secondary-Level Curricular Options

The first recommendation for improving implementation by state and local education agencies includes increasing the commitment to curricular options at the secondary school level. Effective programs need to be in place in all schools to offer students the opportunity for successful preparation for vertical transitions into community life in the same way that they are available within college preparation programs. Such programs should offer opportunities for students to graduate with their peers and earn legitimate diplomas that facilitate subsequent employment.

Planning for Transition

The second recommendation concerns the requirement that quality transition planning take place. In order to be comprehensive, such planning should focus on realistic adult outcomes; active involvement of the student and family in the identification of needs, interests, and preferences and in planning; connections between educational programming and adult services and supports and full participation by relevant community agencies.

Enabling Supported Education

The third recommendation is to assure that inclusion in general education classes is based on the concept of supported education rather than just physical integration. While the latter reflects simply "presence" in the room, the former requires that appropriate supports, including as-needed special education professionals, paraprofessionals, and other personal and natural supports, be in place as a precondition for inclusion. In order to foster success, state regulations should reflect an increased commitment to the training of all general educators in the characteristics, nature, and educational needs of students with mental retardation and to the development of collaborative skills for working with professionals and parents.

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Annotated Literature Abstract

Citation

Edgar, E., & Polloway, E. A. (1994). Education for adolescents with disabilities: Curriculum and placement issues. Journal of Special Education, 27, 438-452.

Abstract

A predominant emphasis on placement has often resulted in diminished attention to important questions concerning the content of educational programs. In particular, curricular concerns warrant paramount attention for adolescents who have disabilities. This concern is reinforced by the literature on adult outcomes, which paints a rather pessimistic picture of adult adjustment for students exiting from special education programs. Therefore, issues of educational service delivery should be secondary to an emphasis on outcomes and the nature of the curriculum. In particular, the curriculum for students in the secondary schools should provide multiple pathways that emphasize the development of skills and opportunities to become productive citizens with a reasonable opportunity to enjoy a positive quality of life. The paper also discusses current and emerging curricular models for students with mild disabilities, which are related to the concern for successful adult adjustment.

Key Points and Quotes

1. *Curricular needs should be the primary determinant of educational programs.*

"The key programming consideration for adolescents with mild disabilities is the availability of curricular options. The primary concern of the curricular options should be their functionality in terms of meeting the needs of the individual student as related to his or her post-school goals. The concept of comprehensive curriculum refers to a program guided by the reality that each student is in school on a time-limited basis; the test of a curriculum's validity is how helpful it is once students exit the program. Hence, curriculum design should be driven by a focus on subsequent environments." (p. 445)

2. *Current educational efforts have not resulted in positive adult outcomes.*

"For students with mild disabilities, the post-school status outcomes for high school graduates indicate low employment rates, underemployment, low attendance at post-secondary educational programs, very poor rates of completion of post-secondary education programs, and generally a poorer adjustment to young adulthood than their peers without disabilities. The status for youth with mild disabilities who do drop out is even worse, which is a critical concern as large numbers...of these youth fail to graduate." (p. 441)

Annotated Literature Abstract

Citation

Clark, G., Field, S., Patton, J. R., Brolin, D., & Sitlington, P. (in press). Life skills instruction: A necessary component for all students with disabilities. Career Development for Exceptional Individuals, 17, 125-133.

Abstract

The article reflects the position of the Division on Career Development and Transition on the importance of teaching life skills. The authors define life skills instruction, provide a rationale for their importance, discuss where they can be taught, and establish professional responsibilities for their coverage. The main focus of the article is the critical need to prepare students with disabilities for dealing successfully with the complexities of adulthood.

Key Points and Quotes

1. Life skills instruction that is based on the competencies associated with adulthood and determined by individual need is required for all students with disabilities.

"A growing body of literature suggests that appropriateness of education must be determined in terms of individual needs for dealing with the demands of adulthood.... Curricular content should emphasize instruction in such areas as personal responsibility, social competence, interpersonal relationships, health (physical and mental), home living, employability, occupational awareness, job skills, recreation and leisure skills, consumer skills, and community participation. Individual goals and objectives for life skills on the IEP should be determined on the basis of current level of functioning in these areas, taking into account individual students' specific needs, interests, and preferences, as well as their next expected environments."

2. Life skills instruction can occur in inclusive settings.

"The first consideration for where life skills should be taught should be general education settings and the community....Many of the same strategies and procedures that are recommended for accommodating students with disabilities in academic content settings can be applied to life skills instructional content....Instructional activities provided in community settings and in competitive employment are highly inclusive and provide an ideal situation for promoting inclusion and teaching life skills."

3. The need for life skills competence is lifelong.

"The Division on Career Development and Transition renews its commitment to the need for providing life career development and transition programming beginning in early childhood and continuing through adulthood....The Division recognizes that meeting the personal-social, daily living, and occupational adjustment demands that students currently have, as well as those demands they will have in the future, will not occur for many students with disabilities through a traditional academic approach. Response to this concern must involve curriculum considerations and not just an instructional environment nor instructional strategy response."

Model Profile

There is a limited data base on effective educational models and programs for students who would traditionally be considered as having mild mental retardation. As noted earlier, there has been limited financial support provided to effect comprehensive research programs. Hence there is an absence of a clear consensus as to what might represent best practices. However, the discussion below focuses on efforts that have the potential to positively impact individuals with mild retardation.

An exciting alternative for students with disabilities, including mental retardation, as described by Edgar and colleagues (Edgar, Parker, Siegel, & Johnson, 1994), is a curriculum based on teaching citizenship skills in conjunction with occupationally relevant skills through an apprenticeship. There are three components.

First, the curriculum option must be socially valued by the community (i.e., students and their parents, teachers implementing the program, administrative staff, other teachers in the building, peers, and the community at large). These diverse constituencies must be included in planning and implementation.

Second, the curriculum must address student outcomes that are valued by the larger community and that will provide the students with skills and attitudes to enable them to be viewed as competent citizens. Such skills include process skills (e.g., collecting and synthesizing information, making decisions, working with peers), facts relevant to the community in which the students live (e.g., cultural factors, geography, local attitudes and values), occupationally relevant information (e.g., the inner workings of a wide variety of jobs, employer-employee relationships, and economic issues), attitudes (e.g., gender and multicultural issues, work ethic, honesty, dependability, being a responsible citizen, individual rights), and other skills (e.g., reading, math, writing, computer skills, independent living, healthy behaviors, specific job skills). A number of these areas have clear relationships to the life skills model discussed earlier.

Third, the curriculum addresses the instructional method that will be used to achieve the desired outcomes. Examples of instructional methods include an integrated, activity-based learning model portfolio measurement to evaluate performance and learning taking place in a community context (i.e., learning is directly related to the community). An emphasis is placed on cooperative learning activities (e.g., students work in groups, share in the work, process conflict and equity issues, practice ethical compromise).

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SERIOUS EMOTIONAL DISABILITIES

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Abstract

1. Priority outcomes for this population include improved academic, social/personal, and vocational functioning to more closely approximate that of typical peers.

2. These outcomes have not been satisfactorily achieved in the past five years. These students are significantly underidentified, resulting in a total lack of services for many and in uncoordinated, restrictive, and ineffective services for those who are identified.

3. Promising models include (a) systematic screening to identify children at risk at the preschool and primary school levels, (b) early intervention aimed at preventing the emergence or further aggravation of emotional and behavioral disorders, (c) "wraparound" services for child and family needs, and (d) a full continuum of services, including those in natural home and community settings as well as those involving out-of-home placements.

4. Barriers include (a) early identification and intervention, (b) the shortage of school- and community-based professionals, (c) the tendency to identify these students as "bad kids" and to exclude them from school without the benefit of appropriate special education and related services, and (d) services that are uncoordinated and reactive.

5. Congress should (a) amend the existing federal definition of serious emotional disturbance for special education purposes and (b) promote the elimination of existing bureaucratic barriers which have resulted in programs that fail to address the range of a child's and family's needs across delivery systems.

6. Congress and OSERS should encourage the development of (a) integrated service delivery models for children and their families, (b) technical assistance networks co-funded by multiple federal agencies, (c) collaboration at the federal level across education, juvenile justice, mental health, health, child welfare, and vocational rehabilitation, and (d) integrated training of more professionals.

7. (a) States should develop integrated planning, policy, and funding initiatives with mental health, education, juvenile justice, child welfare, and health agencies, stressing systematic screening and early identification, early intervention, and intensive community-based treatment that wraps support around child and family needs. (b) Families should be an integral part of strength-based intervention strategies. (c) Programs should be developed to meet the needs of children and families for coordinated services across life domains. (d) A full continuum of services should be available.

1. What outcomes within the categorical area are recognized as important for students to obtain?

Students with serious emotional disturbance, conservatively estimated to comprise 2 percent of the school-aged population or approximately one million school-aged children, are the most underidentified and underserved group of all students with disabilities. The lack of agreement on definition and eligibility across the country results in uneven identification rates for these students, ranging from 0.04 percent to over 2 percent of school-aged children (U.S. Department of Education, 1994). The debate over eligibility and definition results in exclusion from service for many of them. Indeed, these students' behavioral and emotional problems must reach chronic levels before they receive special education services, which frequently are inadequate and restrictive. This lack of prevention and early intervention has created a reactive climate for service delivery, with little or no coordination across various child-serving systems. Elevated concerns about violence and discipline in schools cause further hesitation about including students with labels that are synonymous with disruption.

Overriding the enormous problem of lack of service coordination is the shortage of services to coordinate (Kauffman, Lloyd, Hallahan, & Astuto, in press). The 2 percent prevalence estimate used by the Federal Government underestimates the true prevalence in the school-aged population by at least 100 percent (Kauffman, 1993; Institute of Medicine, 1989). Thus, two million or more school-aged youngsters probably have significant emotional or behavioral problems that interfere with their academic and social learning. Even if all the societal resources currently serving children and youth with serious emotional disturbance were fully coordinated, they would be overwhelmed by the sheer magnitude of need.

Desired outcomes for these students include education with their typical peers in least restrictive educational settings; achievement of their academic, social, and vocational potentials; and opportunity to contribute to society as free, law-abiding citizens. Serious emotional disturbance is a disability that often coexists with other disabilities (e.g., learning disability), and there is wide variance in how the disability is manifested. Therefore, expected outcomes in educational, personal, and economic domains must be individualized and will vary from student to student. However, specified outcomes should be based on expectations for typical peers. This can result in more proactive supports and services focused on how to assist the student to achieve rather than just be controlled or maintained. Programs and services should strive toward the following outcomes:

* Improved learning in academic, social/personal, and vocational areas to levels that are commensurate with their individual abilities and that approximate those of their typical peers.
* The ability of children and families to more successfully manage serious emotional disturbance so as to function more effectively in their natural home, school, and community settings.
* The ability to interact with peers, siblings, and adults in their homes, schools, and communities so that their personal needs and goals are met in socially appropriate ways.

- The ability to live independently (or with appropriate supervision) in natural community settings and to work, play, and enjoy the rights and responsibilities of citizens in society.

2. *To what extent have these outcomes been achieved in the last five years?*

Public school-based programs for students identified with serious emotional disturbance have been criticized as ineffective and inappropriate. Seldom is a full continuum of services available. Many students are left in the mainstream with limited or no support services. Others participate in part-time pull-out programs with minimal support for social/emotional needs and excessive use of negative disciplinary responses (i.e., detention, suspension, or expulsion). When the serious emotional disturbance escalates further, students are placed in segregated classrooms or schools where the emphasis often is on control and containment instead of proactive interventions. Many students are shunted off for expensive residential services, often provided by mental health or social services. Often families, frustrated by lack of meaningful services, struggle alone, depleting private insurance and other family resources before turning to public agencies. Indeed, fewer than one in three children with serious emotional disturbance receives appropriate services in schools (Koyanagi & Gaines, 1993). Years later, they consume continuous care, yet long-term public residential placement might have been prevented for millions of adults if they had received early identification, early intervention, and intensive family-focused services. Efforts have not been directed toward preventing such long-term restrictive placements by early identification, early intervention, and intensive family-focused services. Seldom are special education services coordinated with services provided by other agencies such as mental health, social service, and juvenile justice. Underidentification, exclusion, and inadequate services have resulted in the dismal outcomes currently reported in the literature. These include:

- Higher proportions of students with serious emotional disturbance are placed on homebound instruction and in residential, hospital, and other restrictive settings than any other group of students with disabilities (Koyanagi & Gaines, 1993).
- Students with serious emotional disturbance fail more courses and are retained in grade more than any other students with disabilities. Only 42 percent of this population earn a high school diploma, compared with 50 percent of all students with disabilities and 76 percent of youth in the general population (Chesapeake Institute, 1994).
- Only about 18 percent of youth identified with serious emotional disturbance go on to college or vocational schools as compared to 22 percent of all students with disabilities (McLaughlin, Leone, Warren, & Schofield, June 1994).
- Students with serious emotional disturbance have difficulty maintaining jobs. Although about three-fourths of all these students were employed at the time they left school, only 44 percent still had jobs three to five years later (McLaughlin, Leone, Warren, & Schofield, June 1994).
- About a fifth of all youth identified as having serious emotional disturbance have been arrested while in school and 58 percent are arrested five years after leaving school. Of the students with serious emotional disturbance who drop out of school,

73 percent are arrested within five years of leaving school (Chesapeake Institute, 1994).

- African Americans and males are significantly overrepresented in special education programs for students with serious emotional disturbance, compared with their proportions in the general school-aged population (Chesapeake Institute, 1994).

As America moves forward on Goals 2000, realization of the first goal, that every student will enter school ready to learn, seems remote for children with developmental or environmental barriers to early learning and healthy adjustment. Section 27 is the only part of IDEA that supports preventive services to children who have not yet been identified with a disability.

3. What educational models/procedures are most effective for achieving these outcomes?

The widespread failure of existing programs that rely on segregated treatment of children with serious emotional disturbance by the education, mental health, juvenile justice, and child welfare systems has led to the emergence of a new model of comprehensive, community-based services for children and their families (Epstein, Quinn, Nelson, Polsgrove, & Cumblad, 1993). This system of care approach involves a comprehensive and coordinated network of services which can be accessed flexibly to meet the changing needs of children and adolescents and their families (Stroul & Friedman, 1986). A system of care is characterized by parent-driven interagency service planning, unconditional and sustained commitment to serve identified children and families, strength-based assessment and intervention, family-centered services, creative use of resources in natural environments, and flexible responses to changing child and family needs. Improved outcomes can be achieved through the creation of an integrated service plan that wraps supports around individual children and families in natural home, school, and community settings (Burchard, Burchard, Sewell, & VanDenBerg, 1993; Cole & Poe, 1993; Stroul, 1993). Effective collaboration among agencies is facilitated by interagency agreements that specify agency responsibilities, funding of services, joint system planning, and collaborative programming. For the past several years, this model has been implemented primarily through mental health and social services (Cole & Poe, 1993; Stroul, 1993), and attempts to include education as an equal partner are less than satisfactory (Eber, Osuch, Redditt, under review; Lourie, 1994).

Local education agencies are logical entities for coordinating multiagency service delivery. Although pilot projects ranging in scope from single school districts to entire states have been involved with various aspects of the system of care model (Nelson & Pearson, 1991), schools traditionally are not accustomed to collaborative service delivery arrangements with other agencies (Lourie, 1994). In order for students with serious emotional disturbance to achieve positive outcomes, "schools also must engage in supporting families through the coordination and integration of educational, health, and social services" (McLaughlin et al., 1994, p. 18). School-based system of care projects have been implemented in a number of public school districts, including Ventura, California; La Grange, Illinois; Indianapolis, Indiana; Keene, New Hampshire; and Cheney, Washington. Preliminary data suggest that these innovative models can more effectively support students in their homes, schools, and communities, as opposed to placements in restrictive segregated settings.

These community-based models also focus on early intervention, rely less on segregated education and residential placement options, and drastically increase the level of supports and services for students, families, and teachers. Specific examples of these effective procedures that need to be implemented more systematically across education are summarized below:

* Rather than being limited by the traditional placements usually offered (i.e., residential, special school, self-contained classroom), educators and other service providers can create individualized plans drawing from people and resources across various segments of the system. This means specialized supports (i.e., in-school respite, consultation, therapy, etc.) are not solely tied to the most restrictive placements but instead follow individual students to more natural settings, which serve as sites for interventions (Eber, 1994).
* Integration of community-based mental health services through schools can ensure access for children and families and prevent movement to restrictive settings (Catron & Weiss, 1994; Clarke, Schaefer, Burchard, & Welkowitz, 1992; Eber et al., under review). These mental health services should be individualized and accessible to students across educational settings, not just available for students placed in restrictive treatment settings.
* Family-based services that address the needs of each family should be widely available and accessible. These family services must be coordinated with education, mental health, social service, and juvenile justice through an integrated service plan (Nelson & Pearson, 1991). This service plan must be coordinated by an identified

case facilitator from either mental health, juvenile justice, social service, or education, depending on the primary needs emerging through the individualized planning process. School social worker roles can be restructured as family service facilitators (Eber, Wilson, Notier, & Pendell, 1994) to support the integration of education and these services.

* Focused prevention and early intervention services should be available to students at first signs of being at risk for serious emotional disturbance. This includes systematic screening procedures, coupled with comprehensive community-based interventions that are coordinated across agencies. These early interventions include services for the child, family, and teacher.

4. *What educational models/procedures most inhibit these outcomes?*

Special education programs for students with serious emotional disturbance have been a particular target of criticism because of their failure to offer an appropriate, individualized curriculum based on students' needs. Instead, they have provided a "curriculum of control" (Steinberg & Knitzer, 1992) that stresses teaching conformity to a system of arbitrary rules and standards regarding behavior. Limited resources, including teacher shortages and higher rates of teacher burnout than all other areas of special education (Epstein et al., 1993), have contributed to gaps in a full continuum of special education and related services. In addition, significant disincentives exist for identifying and serving these students, in that suspension and expulsion disciplinary options are severely restricted in the case of identified students. Collaborative education, social service, mental health, and juvenile justice programs are inhibited by rigid funding streams; many public educational agencies hesitate to embrace multiple life domain service plans for fear they will become fiscally liable for costly mental health and other services.

Special education services tend to emphasize placements, so that students are assigned to a location in which services are provided. Typically, the students are assigned to a place (e.g., self-contained special education classroom) where services are directed at changing them. Students frequently are denied access to natural settings until they are "fixed" through interventions in an artificial, externally controlled setting. Consequently, students placed in restrictive programs tend to stay in them for many years.

Teachers of students with serious emotional disturbance, both in regular and special education settings, are isolated and expected to address complex and challenging issues without the support of multidisciplinary teams. Where such teams are available, they often do not include members with needed skills in consultation, mental health, and behavioral strategies, and they frequently do not ensure access to resources outside the school. Hands-on classroom-based supports are limited, and, when available, are not part of a coordinated and flexible service plan. Time for teachers to plan, coordinate, and strategize with a child/family team is lacking. Follow-up support for teachers and ongoing technical assistance also are not available.

A curriculum for the preparation of regular education personnel contains little in the way of effective strategies or models for early identification and intervention for at-risk students. A powerful methodology exists for systematic screening and early intervention with at-risk pupils and their families (Feil & Becker, 1993; McConaughy & Achenbach, 1989; Walker & Severson, 1990), yet very few educators have the knowledge or skills to implement it.

In the absence of early identification and other proactive services, schools, like other social agencies, are forced into a reactive position when it comes to dealing with students. Programs tend to be the "pull-out" variety, in which the student is moved to another placement where needed services presumably are available. Few school system administrators have the preparation or the resources to implement systems of prevention, early identification, and intervention for the estimated 3-6 percent of school-aged children with mental health problems (Institute of Medicine, 1989). At the present time, few school districts have collaborative working relationships with other child-serving agencies that enable them to develop a better community-based continuum of services.

Although special education programs that use interventions effectively do exist, many programs fail to employ best practices. Outcomes are inhibited by models and procedures applied inappropriately or haphazardly:

* Program structures assume that level of severity or service need dictates restrictiveness of placement and therefore all available services are clustered in restrictive settings. In these cases, behavior interventions tend to be external and applied equally to all students in the classroom or program in spite of the wide range of their needs. These settings tend to focus on control and containment, resulting in lowered expectations for learning and social/emotional functioning.
* Interventions are based on disciplinary responses to inappropriate behavior rather than the development of creative proactive supports and interventions. Typically,

these models offer no coordination with other community services, and families are blamed rather than supported and used as resources.

- Programs move students to progressively more restrictive settings instead of changing interventions and service options within less restrictive settings.

5. Provide two or three specific recommendations for action by Congress.

Congress should amend IDEA in three respects.

Revising the Current Definition of Serious Emotional Disabilities

The existing definition of serious emotional disabilities has received much professional and parental criticism because of its ambiguity and restrictiveness (Council for Children with Behavioral Disorders, 1987). This definition places severe limitations on education agencies' ability to serve students who exhibit antisocial, aggressive, or conduct disorders that can be construed as "social maladjustment." Efforts to discriminate between children who are delinquent and those who are emotionally disturbed have not been productive because many youth with emotional disturbances commit antisocial acts and because the majority of children with serious emotional disabilities exhibit acting out, externalizing patterns of behavior (Kauffman, 1993).

An alternative definition has been developed by the National Special Education and Mental Health Coalition (Forness & Knitzer, 1992). It was approved by the 1992 Delegation of the Council for Exceptional Children and has been endorsed by the National Association of State Directors of Special Education, National Association of School Psychologists, National Association of Social Workers, National Mental Health Association, American Psychological Association, American Psychiatric Association, Federation of Families for Children's Mental Health, Council for Children with Behavior Disorders, and a dozen other associations invested in educational and mental health needs of children. This definition does not exclude from services students whose emotional and behavioral disorders include antisocial behavior. Remarkable similarity exists in the etiological factors leading to emotional disturbance and antisocial behavior (Nelson, Rutherford, Center, & Walker, 1991). This means that efforts to identify and provide early intervention for young children at risk for antisocial behavior also would benefit those at risk for other forms of emotional and behavioral pathology.

Requiring Pass-Through Funds to Support the Development of Comprehensive Service Networks

IDEA pass-through funds should be used to develop integrated school-linked comprehensive service networks in local communities and for prevention and early intervention of serious emotional disturbance. Funded initiatives should be extended for at least five years to allow full impact in schools and communities. In addition to specialized education, counseling, vocational, and therapeutic services available in schools and communities, services within these systems of care should include comprehensive networks of classroom-based supports, school-based treatment options, intensive in-home family-based services, therapeutic foster care, as well as short-term residential care. This expansion and improvement of the continuum of integrated services should move schools from reactive containment to proactive support and intervention for children and their families.

Requiring Federal Agencies to Plan and Fund Integrated Service Delivery Systems

Service integration has been strongly encouraged at the state and local level to improve the efficiency and effectiveness of services, to eliminate waste and duplication of services, and to improve service accessibility for children and families. To ensure these practices, isolated program administration practices and bureaucratic funding streams should be eliminated at the federal level. Congress should conduct oversight hearings to encourage federal agencies to collaboratively plan and fund integrated service delivery systems that better address the comprehensive needs of children with or at risk of serious emotional disturbance and their families.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Congress and OSERS, among other federal agencies, should encourage the development of integrated service delivery models. Several activities are appropriate to achieve this goal.

Merging Federal Budgets to Support Collaborative Initiatives

Congress should merge and appropriate funds from discrete federal budgets (e.g., the Department of Education, the Department of Health and Human Services) to support research and demonstration initiatives that are linked at the federal, state, and local levels and extend for at least five years. Such research is among the most difficult to design and conduct appropriately, but it is critical to ensure the best use of funds (Burns, 1994; Forness

& Hoagwood, 1993). Research initiatives should study effective strategies to facilitate home, school, and community inclusion and develop models that provide comprehensive resource networks to students with or at risk of serious emotional disturbance and to their teachers, regardless of the setting in which the student is educated. Research and demonstration initiatives should include support for mandatory screening, early identification, and integrated early intervention projects targeting early childhood special education programs, at-risk preschool programs, and primary classrooms.

Supporting a Technical Assistance Network

Congress should support the development of a national technical assistance resource center to focus technical assistance efforts on students with or at risk of serious emotional disturbance. This network should be jointly funded by the Department of Education, the Department of Justice (Office of Juvenile Justice and Delinquency Prevention), and the Department of Health and Human Services, in collaboration with the technical assistance hubs being established by Community Mental Health Services. The basis for such a network currently is available through the National Institute of Mental Health's Child and Adolescent Service System Program (CASSP) technical assistance centers; however, the addition of funding and agency representation from the Department of Education, Department of Justice, and other federal agencies would strengthen its effectiveness and provide a model for change. This technical assistance network would make available screening, early identification and intervention, and system of care resources; provide training to professionals and families in the implementation of these strategies; and provide a national knowledge transformation and utilization system to disseminate information and training regarding effective state-of-the-art practices.

Increasing the Supply of Trained Specialists and Integrating Training

Congress should support initiatives directed toward increasing the supply of specialists trained to provide consultation and support to regular and special education teachers working with students who have serious emotional disturbance or who exhibit behaviors that are troubling or difficult to manage. Additionally, Congress should increase support for integrated training of child-serving professionals, at both the pre- and in-service levels, in the design and delivery of coordinated interagency services across the full continuum from screening and early intervention to intensive residential treatment. This training should target regular and special educators, mental health workers, health care providers, social service professionals, and juvenile justice personnel.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies should take action across several fronts.

Implement Early Screening and Intervention

State-mandated early screening and intervention programs should be implemented for preschool-aged children at risk for learning failure due to socioeconomic or developmental factors that may lead to serious emotional disturbance. These programs must include collaboration with other agencies and must include parents as full partners in the planning and delivery of services that are based on identified strengths in the family and community.

Creating Integrated Initiatives

Integrated planning, policy, and funding initiatives by all state children's services agencies to support local systems of prevention and care should be encouraged. The model for such an effort already exists in the Developmental Disabilities Planning Councils presently funded by the Administration on Developmental Disabilities. A similar Child Mental Health Council should be supported in each state, with representation from education, mental health, juvenile justice, social welfare, and other agencies. Full participation by families of children and youth with serious emotional disturbance would be required and would include interventions that are based on family and community strengths through collaborative partnerships.

Implementing a Comprehensive Range of Services at the Local Level

Local systems of care should put into place a comprehensive range of services, many of which are linked to public education. The aim should be to create a network of services that can be coordinated across such life domains as school, family, recreation, and work. These services should be integrated into a variety of settings. School personnel may need to assume expanded roles, such as family/school service facilitators, service coordinators, technical assistance providers, and in-school respite workers. Parents must be included as full partners and decision makers in the process of service delivery.

Encouraging the Business Community to Invest in Better Services for Children

States should establish incentives for private business to invest in community-based programs that promote community stability and pride. The programs could focus on prevention of crime in the community, recreational and educational alternatives for children, and after-school day care. Volunteer programs, such as Men Against Drugs (MAD Dads) in Lincoln, Nebraska, have generated proactive strategies for engaging youth in appropriate educational and leisure activities. By contributing to more stable, safe, and caring local communities, businesses would gain a population of workers who are themselves more stable and productive and who feel that their employers have an investment in the community.

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Annotated Literature Abstract

Citation

Chesapeake Institute (1994, September 1). National agenda for achieving better results for children and youth with serious emotional disturbance. Washington, DC: U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs.

Abstract

Compared with the entire population of students with disabilities, those with serious emotional disturbance as a group experience significantly more negative outcomes. Seven strategic targets for students with serious emotional disturbance are: (1) expand positive learning opportunities and results; (2) strengthen school and community capacity; (3) value and address diversity; (4) collaborate with families; (5) promote appropriate assessment; (6) provide ongoing skill development and support; and (7) create comprehensive and collaborative systems. Underlying these targets are three cross-cutting themes: (1) collaborative efforts must extend to initiatives that prevent emotional and behavioral problems from developing or escalating; (2) services must be provided in a culturally sensitive and respectful manner; and (3) services must empower all stakeholders and maintain a climate of possibility and accountability.

Key Points and Quotes

1. Services must be developed around the specific, individual needs of children and their families.

"A flexible and proactive continuum of services must be built around the needs of children with SED and their families. Furthermore, services must not only be available, but must be sustained and comprehensive, and must collaboratively engage families, service providers, and children and youth with serious emotional disturbance. Finally, both the needs of these children and increasing demographic diversity of our nation call for cross-agency, school- and community-based relationships that are characterized by mutual respect and accountability—with the child always in focus." (p. 5)

2. Engaging, useful, and positive learning opportunities must be provided to students.

"This target supports coordinated initiatives that improve the effectiveness of teachers, families, schools, and other agencies to teach and contribute to the academic, social, and emotional development of students with SED and those at risk for developing SED." (p. 8)

3. Initiatives should be developed to strengthen the capacity of schools and communities to serve students with serious emotional disturbance in the least restrictive environment appropriate.

"This strategic target calls for the development and the expansion of initiatives that improve the readiness and capacity of general education settings to educate and provide needed services to students with SED. This target supports early intervention, prevention, and pre-referral initiatives such as early screening, teacher consultation, and mainstream assistance teams." (p. 9)

4. Collaborative strategies should fully include family members on the team of service providers that implements family-focused services to improve educational outcomes.

"Collaborating with families and strengthening their access to required services is central to realizing the goal of implementing appropriate, integrated services across education, mental health, and other systems." (p. 11)

5. Comprehensive and collaborative systems should be built around the individual needs of children and youth with and at risk of developing serious emotional disturbance. These services should be family centered, community based, and appropriately funded.

"This strategic target supports initiatives to help generate comprehensive and seamless systems of appropriate, culturally competent, mutually reinforcing services. This target envisions systems that are more than linkages of agencies. It aims instead at developing new systems, built around the needs of students, families, and communities—systems that coordinate services, articulate responsibility, and provide system-wide and agency-level accountability." (p. 14)

Annotated Literature Abstract

Citation

McLaughlin, M. J., Leone, P. E., Warren, S. H., & Schofield, P. F. (1994). Doing things differently: Issues and options for creating comprehensive school linked services for children and youth with emotional or behavioral disorders. College Park, MD: University of Maryland and Westat, Inc.

Abstract

Problems with the current delivery system for children and youth with emotional and behavioral disorders are described, and the issues which must be addressed by policy-makers and administrators to provide a system of coordinated, flexible services to meet the needs of students and families are discussed. The issues are presented in the context of four critical tasks: (1) creating a flexible system of services across agencies, disciplines, and settings; (2) creating a service support system that includes families; (3) establishing outcomes for students that reflect broad educational and treatment goals; and (4) improving the training of educational personnel. Options extracted from actual programs operating in select communities throughout the country are presented as responses to the issues. Strategies and implications around each proposed option offer a framework for program development and system change.

Key Points and Quotes

1. Problems with current services include unserved students, cultural bias, lack of comprehensive programs, and the failure of programs that do exist.

"A national investigation of public school programs serving students with SED found that even exemplary programs over-emphasized behavior management and behavior control and provided limited academic and vocational opportunities for students. In addition, despite students' alleged lack of social skills, few programs provided positive opportunities for these students to socialize with non-SED peers." (p. 13)

"A long-standing issue in the education of students with emotional or behavior disorders is the pervasive shortage of teachers as well as other specialists who can work with these most challenging students....A lack of qualified personnel often has been cited as among the chief barriers to the development of programs and the expansion of services." (p. 32)

2. Achieving the new vision of a coordinated, flexible system that includes families and is outcome driven requires collaboration at all levels and a willingness to change the philosophy, focus, and direction of existing programs and services.

"We need to expand the vision of education to provide full services to families including crisis intervention and other short-term crisis support." (p. 25)

"An ultimate goal of service integration is to have a single, comprehensive individual service plan for a child and his or her family. The plan will identify the goal or outcomes to be achieved, the services to be provided in reaching these goals, and the agencies or persons responsible for delivering these services. This integrated plan is a working document that guides the activities of all providers and family members. All individuals and agencies are accountable to this plan." (p. 53)

3. In order to develop new and more effective programs, an understanding of the range of services that are effective must be established.

"Programs which focus solely on managing behavior or providing counseling or therapeutic support are not sufficient for students who also need quality academic programs offering a broad curriculum with high expectations. At the same time, behavior supports and the management of disruptive behavior must be a consistent goal across service providers and programs." (p. 39)

4. Policies and procedures for funding an expanded range of services must be flexible and fiscal information and decision making must be accessible to service teams.

"Divert funds formerly used to purchase high cost educational services to fund new service arrangements and school sites enrolling students. These dollars could only be used to build capacity to serve students with emotional and behavioral disabilities (EBD). The non-educational funds should return to the community service team, allowing the team to purchase non-educational services for the student and his or her family." (p. 43)

5. Differing eligibility criteria across agencies cause confusion, limit access to services and results in wasted resources and poor outcomes. Shared information systems and common procedures for eligibility can lead to better access and coordination of services for students and families.

"The key concept is to develop one process for determining eligibility for various services. This process must be flexible enough to allow the system to focus on secondary prevention of behavior disorders as well as serve as a gatekeeping function to restrict indiscriminate use of high cost, complex interventions." (p. 45)

6. Organizational structures at the federal, state, and local levels must reflect interagency collaborations through specified agreement and incentives to integrate and blend resources.

"Require that all agencies and other providers participating as part of an interagency team contribute fiscal or other resources to provide integrated services. In some

communities this may mean pooling funds; other communities may choose to designate responsibilities for specific services to certain agencies." (p. 50)

Model Profile

A best-practice model of Wraparound in Schools is being implemented as a result of a Systems Change Grant from the U.S. Department of Education and a special project grant funded through IDEA discretionary funds from the Illinois State Board of Education (ISBE). This systems change effort at La Grange Area Department of Special Education (LADSE) began in 1991-92 as a pilot with 15 children with emotional and behavioral disabilities and their families. This has expanded to facilitate comprehensive wraparound plans to over 50 children and families during 1993-94 and has resulted in a restructuring of services for all children for 1994-95. Additionally, community mental health systems have shifted to a system of care wraparound model based on the structure of this school-based project. Subsequently, the community recently was awarded a mental health services demonstration grant from the Center for Mental Health Services. A local parent support and advocacy group, which was initiated by this project, has grown into a statewide organization with support and funding from state and federal agencies. Thus, a demonstration project in one community has caused massive changes throughout mental health and special education that can make a positive impact on service delivery and outcomes for children and families.

The focus of the initial Office of Special Education Programs (OSEP) grant, Project WRAP, was to develop a system design that improved coordination of resources to create individualized networks which are "wrapped"y around children and families in natural home, school, and community settings. Following the wraparound philosophy, child/family teams reframed interventions around strengths while developing plans that typically required providing services differently instead of the traditional approach of providing progressively more restrictive services. This has included proactive individualized behavior supports, mentors, peer supports, in-school respite support, mental health services for children, consultation for teachers, and family supports. Students have been deflected or returned from residential placements, and others have been more effectively included in natural school settings. Prevention of special education placements has also been achieved for some students.

Following two years of the federal initiative, the ISBE funded the Wraparound in Schools project, which began in three schools during 1993-94. This project involved the direct application of wraparound strategies inside schools to learn what was needed to allow students to benefit from natural school environments. Training in wraparound implementation was conducted with teachers, parents, mental health providers, and other school personnel prior to implementation. Ongoing consultation and technical assistance were provided throughout the school year.

One year of implementation of wraparound in schools clearly illustrated that strength-based wraparound planning promoted more creative and effective supports and interventions. New partnerships with families and new roles for personnel in schools were having a positive impact. Evaluation efforts indicated that approximately 75 percent of students targeted for wraparound were being successfully maintained or moved to less restrictive home, school, and community settings.

As a result of these experiences, LADSE restructured its education program to attempt wraparound approaches for all students identified as having emotional and behavioral disabilities. LADSE resources and positions for the 1994-95 school year have been reorganized into the EBD Network to support this new approach for students in a variety of school settings. Individually designed wraparound plans focus on interventions that maximize natural school resources and supports while also addressing family needs and community functioning. Special education teachers have begun to function as wraparound facilitators and school-based case managers to coordinate individual wraparound plans inside schools. Mobile team teachers and in-school respite workers provide support for students and classroom teachers as they form teams around students with plans focused on their strengths. School social worker positions have been restructured into family service facilitators to assist in brokering and creating services for families and fostering more effective partnerships between schools and families.

A comprehensive technical assistance and training component for teachers throughout the LADSE schools is under way as part of the restructured EBD Network based on the wraparound approach. Training in specialized behavioral interventions, curriculum and instruction adaptations, understanding of emotional and behavioral disabilities, and other topics is provided to regular and special education personnel. The overall focus is to help school teams stay focused on student strengths and normalized needs and to develop individualized interventions and supports. Collaboration with mental health social services and community organizations is a critical component for effective implementation of wraparound in schools.

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Model Profile

Project High Need is a school-based program designed to increase the institutional capacity of elementary schools to meet the needs of children who exhibit problem behavior. (Throughout this description, problem behavior refers to a variety of multidisciplinary terms. From a clinical perspective, this behavior corresponds to the diagnosis of conduct disorders; from a legal perspective, it corresponds to delinquency; and from an educational perspective, it corresponds to a behavior disorder or serious emotional disturbance classification as well as a specific delineation of behavior such as physical aggression.) Project High Need is designed to be both preventive and restorative in nature. The project is preventive in that it has universal strategies designed to develop a predictable, consistent, and safe school environment. Such an environment is necessary to produce the moment-by-moment predictability in the teacher-student and student-student social interactions necessary to promote children's social development. The project is restorative in that it has targeted interventions designed to remediate problem behavior and to ensure that such behavior does not become more entrenched.

Project High Need is based on the premise that schools must rethink their fundamental approach to addressing the needs of children who exhibit problem behavior. This reorientation includes preventive and restorative strategies and interventions. The focus of Project High Need is on the school because it plays a significant role in the socialization of children.

The model includes universal strategies as well as targeted interventions. The universal strategies include school-wide and classroom organizational structures and preventive practices aimed at all children. Targeted restorative interventions include positive, long-term individual behavioral programs aimed at children who exhibit problem behavior. These interventions are applied in least restrictive settings. The goal of the universal strategies is to create predictable, consistent, and safe school and classroom environments that not only are conducive to learning but that also promote the social development of children. This program has focused on developing such an environment in schools because there is no question about what types of environments promote positive social development in children. The worst outcomes are achieved within environments which are either harsh and punitive in nature or inconsistent in their expectations of child behavior and its consequences. The best outcomes are achieved when the environment is predictable and consistent and when consequences emphasize positive behaviors rather than simply punishing negative ones.

The provision of predictable, consistent, and safe school environments not only prevents the development of problem behavior but also provides a stronger context for capturing behavioral changes achieved with those children who exhibit problem behavior. Developing a predictable, consistent, and safe school environment begins with effective school-wide organizational and classroom practices. It is critical that children experience a moment-by-moment predictability in their interactions with school staff and with other children. Poorly constructed school and classroom organizational structures and practices will result in moment-by-moment unpredictability in students' interactions with school staff and also will provide the social context for more provocative social interaction among school staff and children as well as between staff and children. Although it is difficult and time consuming to establish effective school-wide organizational and classroom practices, doing so is necessary to create a predictable, consistent, and safe school environment.

Another aspect of the universal strategies of Project High Need is the encouragement of collegial commitment to change and participation. This requires not only strong leadership from the administration, but also staff commitment to developing, implementing, and maintaining effective school and classroom organizational structures and practices. Intensive, ongoing staff development aids a collegial commitment to change and participation by providing staff a common knowledge base. All staff need to present a united front by being actively involved and committed to developing, implementing, and maintaining the established organizational structures and practices.

The targeted strategies of Project High Need are designed to develop positive, long-term individual behavioral programs for individual children who exhibit problem behavior. This includes understanding the establishing conditions (when does problem behavior occur? under what circumstances does it repeatedly occur?), the function of problem behavior (why does the student use this behavior? what does the student hope to gain or avoid?), and the intervention strategies for problem behavior (what can we do specifically to reduce or eliminate this behavior?).

The major components of the universal strategies and targeted interventions are incorporated into Project High Need (see table below).

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Project High Need

Major Components of the Universal Strategies and Targeted Interventions

Universal Strategies		Targeted Interventions
School-wide	**Classroom**	**Positive, Long-Term Individual Behavioral Programs**
•Staff consensus on the goal of school discipline plan •School-wide behavioral expectations are established •Implementation plan to ensure staff, students, and parents understand the school-wide behavioral expectations •Ecological arrangement and routines are structured to reduce problem behaviors •Behaviors warranting an office referral are clearly delineated •Continuum of structures available to address challenging or persistent office referral behavior •Structures in place to encourage community participation •Structures in place to help staff address persistent minor problem behavior •Structures in place to help staff manage crisis situations •Structures in place to use building resources to assist students with challenging behavior •Record keeping procedures to track student behavior •Structures in place for staff to address problems with discipline plan	•Classroom behavioral expectations and routines are established •Implementation plan to ensure students understand behavioral expectations and routines •Ecological arrangement and routines are structured to reduce problem behavior •Procedures to handle minor classroom discipline problems •Procedures to handle serious classroom discipline problems •Problems to handle crisis situations •Well-planned and implemented instruction •Procedures to encourage parental participation	•Behavioral assessment to determine function of the problem behavior •Ecological arrangements designed to prevent the occurrence of problem behavior •Longitudinal programming to teach the student skills and competencies to facilitate behavioral change •Focused interventions are implemented to achieve behavioral change •Effective reactive strategies are implemented when behavioral response occurs

SEVERE AND MULTIPLE DISABILITIES

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Abstract

1. The educational outcomes for children with severe disabilities parallel those for children without disabilities, although there may be differences in the ways they are operationalized, the path to their attainment, and the supports they require.

2. A rapidly expanding body of published research and demonstration indicates that, to varying extents, all of the educational outcomes parents said they valued are being realized for some students with severe disabilities; the reality is that these outcomes are still not widely available to most students with severe disabilities.

3. Over the past five years, significant strides have been made in articulating educational models and standards of quality education for students with severe disabilities.

4. Barriers include (a) educational placement based on categorical label (e.g., severe disability), (b) funding disincentives for general education placements, and (c) the dual system of general education and special education. These three factors threaten students' right to an appropriate education in the least restrictive environment and simultaneously their opportunity to achieve valued life outcomes sought through education.

5. Actions needed by Congress center upon (a) removing disincentives to the right to attend general education classes in neighborhood schools, (b) preparing personnel to teach students with disabilities in general education classes in neighborhood schools, and (c) improving transition from school to adult life.

6. Recommendations for improving IDEA's implementation over the next five years through federally funded activities center upon (a) removing disincentives to the

right to attend general education classes in neighborhood schools, (b) preparing personnel to teach students with disabilities in general education classes in neighborhood schools, and (c) improving transition from school to adult life.

7. Recommendations for improving IDEA's implementation by state and local educational agencies center upon (a) state departments of education recruiting statewide input from parents and advocacy groups, educators, and community agencies for adult services, (b) designing priorities for action based on field-based input, and (c) coordinating these activities with related state departments (vocational rehabilitation and adult services).

1. What outcomes within the categorical area are recognized as important for students to obtain?

Parents have reminded us that the educational outcomes sought for their children with severe disabilities parallel those for their children without disabilities, although the ways they are operationalized, the path to their attainment, and the supports they require may be different. Some of these important educational outcomes include (a) being safe and healthy; (b) having a home where they can live now and in the future (e.g., with a family or friends; supported apartment); (c) having friends and other personally meaningful social relationships; (d) having access to a variety of places and activities available to people without disabilities (e.g., general education schools and classes, supported employment, community facilities/activities); (e) using communication and self-advocacy to exert choice and control that match their ages and cultural contexts; (f) having access to supports and skill development to pursue lifelong learning; (g) pursuing personal growth (e.g., creative outlets); and (h) contributing to their community. When each of these outcomes is adjusted to suit individuals, the effect provides the opportunity for purpose and fulfillment in life; this effect is the reason we educate all of our children (Dennis, Williams, Giangreco, & Cloninger, 1993).

2. To what extent have these outcomes been achieved in the last five years?

The differential interpretation and application of IDEA has led to a situation that is simultaneously hopeful and grim. The hopeful perspective reflects a rapidly expanding body of published research and demonstration indicating that, to varying extents, all of the educational outcomes parents said they valued are being realized for some students with severe disabilities. Evidence exists highlighting successful school inclusion, supported employment efforts, development of social relationships, communication and technology advancements, and community-based participation (Meyer, Peck, & Brown, 1991; Snell, 1993). The grim perspective reflects the reality that these outcomes still are not widely available to most students with severe disabilities, leaving many families frustrated and pessimistic about the future. Despite the protections that exist in IDEA, families typically still struggle to access these outcomes for their children. After years of public education, youth with severe disabilities all too often exit school unemployed, without basic skills, lonely, isolated from peers, and disenfranchised from the larger society.

While the current status of public education for students with severe disabilities is cause for great concern and immediate action, the last five years have given rise to some dramatic shifts in educational experiences, demonstrating positive outcomes once believed to be unattainable are indeed attainable. Some of the most visible changes have resulted from new opportunities students with severe disabilities have had to be educated in regular classrooms with supplemental supports and aides, as provided for in IDEA. When thoughtfully planned and implemented, pursuit of an individually appropriate educational program within a regular class setting has led to positive outcomes for students with severe disabilities, their families, and the professionals who serve them (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993; Kozleski & Jackson, 1993; Salisbury, Palombaro, & Hollywood, 1993; York, Vandercook, Macdonald, Heise-Neff, &

Caughey, 1992). As one general education teacher said, "I think that (inclusive education) just opens up so many doors and avenues and there are role models there; and there are just so many other things available to them (students with severe disabilities) that wouldn't be available if they were in a room with children who were very similar to themselves" (Giangreco, Dennis, et al., 1993, p. 368)

Research has demonstrated that the presence of students with severe disabilities also can contribute to social and academic benefits for students without disabilities (Giangreco, Edelman, Dennis, & Cloninger, 1993; Peck, Donaldson, & Pezzoli, 1990; Logan et al., in press; Sharpe, York, & Knight, 1994). Although a small set of negative literature about inclusive education exists, predominantly this literature either is speculative rather than data based or is rooted in examples where acceptable quality standards have not been established or maintained. Any approach implemented inappropriately or with low quality is more likely to be the brunt of criticism. In a recent article, six general education teachers from Georgia responded to other peoples' speculations that inclusive education would result in "...nightmares of general educators buckling under the burden of educating students with severe disabilities" (p. 235) with their contrasting experiences that inclusive education was a "...reality of dynamic, synergistic collaboration between general classroom teachers, special education teachers, special and general education paraprofessionals, and all the specialists who support children in special education" (Rankin et al., 1994, p. 235).

3. What educational models/procedures are most effective for achieving these outcomes?

Over the past five years, significant strides have been made in articulating educational models and standards of quality education for students with severe disabilities (Orelove & Sobsey, 1991; Snell, 1993; Stainback & Stainback, 1992; Thousand, Villa, & Nevin, 1994). The focus has shifted from promising practices that will benefit a particular group of children based on a categorical label (e.g., severe disabilities) to those that more globally will benefit a wider range of students with diverse characteristics. As schools seek standards against which they can evaluate their own status, tools such as the Program Quality Indicators (Meyer & Eichinger, 1994) and the Best Practice Guidelines for Meeting the Needs of All Students in Local Schools (Fox & Williams, 1991) list effective practices at the school district, school building, classroom, and individual student program levels.

Effective Practices at the LEA and School Levels

At the school district and building levels, an important consideration is establishing a climate where individual differences are respected, positive self-esteem is encouraged, high expectations for learning are promoted, and a caring and healthy environment is established. In part, this can be initiated by having a mission statement establishing a school's commitment to valuing diversity, affirming the belief that all children can learn, supporting the needs of students with diverse characteristics in general education classrooms, and outlining a broad-based set of outcomes sought for students as a result of their education. Staff development based on identified needs should support the school's mission. Policies should be established and routinely updated that allow for operationalizing the school mission (e.g., staff assignment, use of support staff, emergency protocols, school conduct code, transportation). Procedures to promote constructive relationships between families and school personnel are crucial, and the use of collaborative teamwork to replace "expert" models of interaction has yielded positive results. Planning for the transition from school to adult life as well as for other transitions (e.g., from early childhood programs to kindergarten; grade to grade) is vital. Transition planning enhances the probability of positive adjustments by students, families, and staff and creates planned opportunities for effective learning conditions to be extended throughout the school and district.

By contrast, special educators' earlier attempts to implement IDEA's least restrictive environment tenets at the individual classroom or student program level without support at the building and district levels were tenuous and could be characterized as "swimming against the current." Well-intentioned parents and teachers made "deals" in an attempt to produce positive outcomes for individual students, only to meet resistance in the broader school community or have their efforts fall apart when there was a change in personnel or setting. We cannot overstate the crucial role played by the implementation of models consistent with IDEA at the school and district levels to the success of individual students.

Effective Practices at the Classroom and Individual Student Levels

At the classroom and individual student program levels some of the same quality indicators are applicable (e.g., positive climate, regular class placement with supports, collaborative teamwork). By the time a student with severe disabilities has been afforded the right to be educated in the least restrictive environment alongside peers who do not have disabilities, the focus of concern changes to the kind of "nitty-gritty" issues about which teachers and parents are concerned.

Students with severe disabilities must have a clearly identified educational program that delineates individually appropriate learning outcomes as well as general supports which allow them to access and participate in the classroom and individually appropriate community-based sites with people who do not have disabilities. Models of assessment and planning are used to identify learning outcomes and supports that are (a) appropriate to the student's chronological age; (b) functional or useful to the student; and (c) suited to the student's needs in current and future integrated environments.

Ensuring that inclusion is meaningful, be it in school, at work, or in the community, is one of the most significant issues faced by school personnel. How does a team adequately include a student with severe disabilities in typically occurring activities when the learning outcomes they are pursuing may be quite different from those of their peers without disabilities? Approaches such as cooperative learning, peer tutoring, creative problem-solving strategies, co-worker support models, and specific curricular and instructional adaptations are effective vehicles for facilitating individualized outcomes through shared activities.

Moreover, models for instruction that encourage teachers to rely on data they collect about student performance are valuable in making appropriate instructional decisions. So too is integrated provision of related and support services, so that services are educationally relevant and necessary, coordinated, based on consensus decision making, and appropriately provided in integrated environments. Integrated services replace earlier approaches that were characterized both by professionally isolated decision making and implementation as well as questionable necessity and educational relevance. Numerous variations exist to assess, plan, implement, evaluate, and adapt curriculum and instruction for students with severe disabilities who are being educated in general education classes (Orelove & Sobsey, 1991; Snell, 1993; Stainback & Stainback, 1992; Thousand, Villa, & Nevin, 1994).

4. What educational models/procedures most inhibit these outcomes?

Educational Placement Based on Categorical Labels Interferes with Positive Outcomes

Numerous existing models and procedures interfere with the attainment of positive outcomes for students with severe disabilities. Labeling and history are two formidable barriers. In far too many American schools the act of labeling a student "severely disabled" is tantamount to a nearly automatic placement in a special education school or classroom, without a hint of consideration for the possibility that such a student could be effectively educated in the same school attended by his or her neighbors and siblings. Many students with severe disabilities have never been given the initial opportunity to be educated in a general education class. How can school personnel make individualized placement determinations to exclude a student with severe disabilities from general education classes if they have never attempted general education placement for that student? Is not every child entitled to that opportunity? In many cases, a discussion never occurs about what supplemental supports and aides would be necessary for a student with severe disabilities to be appropriately included in a general education class, even though this is explicitly commanded by IDEA. This legacy of placement based on categorical labels is in direct opposition to the importance IDEA places on individualization and represents an ongoing and serious threat to the IDEA assurances of appropriate education in the least restrictive environment.

Choices to Accept or Reject Students with Severe Disabilities and Funding Disincentives Threaten Students' Rights to Education in the Least Restrictive Environment

Sometimes, the threats to appropriate education in the least restrictive environment are more subtle. For example, special education teachers across the country who recognize the benefits of inclusive education are approaching their general education counterparts to ask for volunteers who are willing to have a child with severe disabilities in their classroom. While such scenarios are commonplace and may appear benign, they are in fact further evidence that students with severe disabilities are not being afforded the protections they are entitled to under IDEA. The act of requesting a volunteer presumes that the teacher being asked has the right to say "No." Can students with severe disabilities really have reasonable access when, in essence, schools sanction the right to reject them? It is almost inconceivable that such a blatant invitation to accept or reject a student would be extended based on any other individual difference (e.g., gender, race, national origin, religious affiliation); yet when the issue is severe disability, volunteerism and educator discretion are rationalized as ways to not subject general education teachers to students they are unaccustomed to teaching.

Such limitations on students' rights are exacerbated by the presence of segregated options that are attractive to schools because some state funding formulas provide incentives for separate placements and disincentives for general education placements. While recognizing the inherent dangers associated with "inclusion by volunteering," it remains incumbent upon school leaders to place students in general education classes by carefully considering the needs of the student in combination with the characteristics of the classroom teacher (e.g., skills, talents, attitudes) and necessary supports. Although the reality is that initial placements often result from teachers who volunteer, the limitations of this practice highlight the need to extend skill building and appropriate supports to an ever-expanding group of teachers and for establishing the presence of students with disabilities in general education classrooms as an expectation rather than an option teachers can chose to accept or reject.

The Dual System of General Education and Special Education Interferes with Appropriate Education

Because people with severe disabilities historically have been segregated, many professionals and community members may have negative attitudes about the possibility of including them in general education classes. This is often rooted in the basis of prejudice, ignorance, and lack of ongoing and meaningful interactions. The dual system (special education and general education) of teacher preparation, schooling, and in-service training has perpetuated the myth that general educators are not capable of educating students with severe disabilities. Although general educators will need some specialized supports, increasingly people are recognizing that the characteristics that make for a good teacher are the same regardless of the labels one attaches to students. The dual system of general vs. special personnel preparation has failed to equip all teachers and support staff with the collaborative skills they need to work together to solve the challenges presented by students with a wide variety of characteristics. The heated debates that occur regarding placement options sometimes obscure the importance of considering special education as a supportive service where special and general education personnel work together with students and families, not as location where students must go in order to receive services.

Recommendations for Improving IDEA

The following three sections include recommendations to either amend IDEA or improve its implementation in its current form. These recommendations recognize that IDEA, as currently written, is a valuable and important piece of legislation safeguarding the rights of students with disabilities to receive a free appropriate public education in the least restrictive environment. The fact that outcomes for students with severe disabilities continue to be inadequate and only available situationally is more a function of IDEA not being enforced consistently across the country than inherent problems in the law itself. If IDEA were actually implemented in a consistent manner congruent with its founding tenets and existing procedures, many of the educational problems that currently exist for students with severe disabilities, their families, and service providers would be lessened dramatically.

5. Provide two or three recommendations for action by Congress.

Remove Disincentives to the Right to Attend General Education Classes in Neighborhood Schools While Receiving Individualized Supports from Special Education

First, Congress should direct state educational agencies to examine their certifying standards and requirements and reduce the barriers to including students with severe disabilities in general education classes in neighborhood schools, preschools, and day care settings, while maintaining or improving the specialized services given by teachers of students with severe disabilities.

IDEA's current categorically based funding provisions create incentives for restrictive special education placements and may encourage the overidentification of children with disabilities (Parrish, 1994). Financing policies are needed that (a) guarantee accessible services, (b) ensure accountability, and (c) allow the flexibility needed to serve children with all types of disabilities in the least restrictive environment (McLaughlin & Warren, 1992). Therefore, Congress should amend the funding provisions in IDEA, Part B, Subchapters I and II, *from* the categorical identification of children requiring special education services up to the 12 percent federal cap *to population-based funding with "hold harmless" provisions,* so no state will get less than did under categorical funding.

Congress should amend Subchapters I, II, and VIII to require state educational agencies to (a) study their current funding policies in regard to their impact on restrictive placements and relationship to their special education program objectives and (b) if needed, to explore alternative funding mechanisms consistent with providing appropriate education in less restrictive environments. The movement toward noncategorical funding systems such as exist in Massachusetts, Oregon, and Pennsylvania needs to be evaluated to see if they result in proposed benefits. Recent or pending changes in special education funding systems in 47 states, along with the recently adopted national agenda for general education offered by Goals 2000: Educate America Act and special education (COSMOS, Inc., 1994), provide a rare "window of opportunity" for finance reform in special education (Center for Special Education Finance, 1994) and for ensuring congruence between general and special education policy and practice at the federal level.

Prepare Personnel to Teach Students with Severe Disabilities in General Education Classes in Neighborhood Schools

Congress should amend Subchapter IV, Parts B and H, so that funding for special education personnel preparation programs at universities and colleges is provided only to programs that require special education personnel to have practicum experiences in general education classrooms or integrated preschools and day care settings. These must be settings where children with disabilities are appropriately supported alongside their peers without disabilities, and where there are opportunities to learn and use collaborative and problem-solving skills with general educators and families. Special education personnel include not only special education teachers, but administrators, teachers of hearing and visually impaired students, adapted physical education teachers, and related service providers such as speech/language pathologists, orientation/mobility specialists, occupational therapists, and physical therapists.

To this end, Congress and the Department of Education should replace the phrase "multidisciplinary team or group" with the phrase "collaborative team" (see, e.g., 34 C.F.R. § 300.532(e)). This recommendation is based on the professional literature which suggests that "multidisciplinary teamwork" is a contradiction in terms. Merely bringing together a group of people from various disciplines to evaluate, plan, and implement an IEP for a student does not ensure that these various adults will function as a team by collaborating, coordinating, and pursuing shared goals; such features of collaborative teamwork are crucial to successful special education.

Also, Congress should earmark additional funds for traineeships so special education personnel can update their skills to enable them to work effectively in a collaborative manner with personnel from a variety of disciplines within inclusive general education schools, preschools, and day care settings. Additionally, Congress can direct the U.S. Department of Education that the preparation of general education teachers and administrators (e.g., principals, superintendents) must also include opportunities to teach students with a range of disabilities who are meaningfully included and supported in general education classrooms as well as opportunities to work collaboratively with special education personnel in an effort to improve education for all students. Finally, Congress should call for OSERS to adopt as policy the presence of these practicum standards in all federally funded personnel preparation projects.

Improve the Transition from School to Adult Life

Improvements in the transition components of IDEA could have far-reaching benefits for adults with severe disabilities as well as long-term cost savings to society. To date, persons with severe disabilities have had limited access to the type and extent of supported employment opportunities more typically available to persons with mild mental retardation. The daytime and vocational options for adults with severe disabilities all too often are characterized by low or no pay and are limited to segregated options. Supported employment for persons with severe disabilities has been hampered by lack of funding and by professionals inadequately involving parents in transition planning, resulting in families having limited knowledge of post-school options (Gallivan-Fenlon, 1994; West, Revell, & Wehman, 1992). These problems may be reduced as states broaden their fund source utilization under the Rehabilitation Act amendments of 1986 and as supported employment continues to be integrated into states' vocational rehabilitation systems (Sale, Revell, West, & Kregel, 1992). Accomplishment of successful school to adult life transition depends upon several factors such as (a) retaining the IDEA requirement that transition plans be part of the IEP beginning no later than age 16 and annually thereafter (or when appropriate at age 14 or younger) and that adult vocational agencies participate in this planning; (b) strengthening family and student involvement in planning for transition; and (c) requiring that collaboration among Individual Transition Planning Team members (school personnel, family and student, adult service agency personnel) be the primary vehicle for creating, implementing, and evaluating a student's individual transition plan.

Therefore, Congress should amend Part B in the following ways: (a) provide outreach training (Subchapter III) and materials (Subchapters III and VII) for families on the transition-to-work process along with understandable descriptions and illustrations of adult options and directions to access them through the Individual Transition Planning Team; and (b) teach families, school staff, and adult services staff collaborative teamwork and problem-solving skills (Subchapter III). Subchapter V can authorize additional monies to fund an expansion of research and demonstration projects regarding transition from school to adult life.

Because pervasive inequities exist in transition planning and adult options for people with severe disabilities from state to state (Sale et al., 1992) and because there is a relationship between transition planning in high schools and actual outcomes (Gallivan-Fenlon, 1994), Congress must send a clear message to OSERS to strengthen its monitoring of state programs and annual plans related to the aforementioned transition issues. Finally, Congress should conduct oversight hearings to address the inequities between states in their school-to-work transition programs under IDEA and the related use of supported employment funds under the Vocational Rehabilitation Act of 1986.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Remove Disincentives to Inclusive Schooling

OSERS must continue to monitor the ways in which states make special education placements as well as their actual placement records, awarding federal funds contingent upon compliance with IDEA and the correction of identified problems. Furthermore, OSERS should monitor states' funding systems in special education in an effort to identify any fiscal incentive for restrictive placements that run contrary to the LRE (least restrictive environment) tenets of IDEA. OSERS should adopt as agency policy the requirement that all funded state education agency special education plans set goals, consistent with monitoring results, for achieving nonrestrictive placements and provide documentation for meeting those goals. The procedures for monitoring and state-initiated improvements should include assessing the incentives and disincentives in each state's system by describing its processes and measuring its outcomes such as numbers of students in special education classes and schools.

To assist in achieving long-term reform in state fiscal systems, OSERS should provide financial support and technical assistance to states as they reform their funding systems in ways that foster less restrictive placements and more flexibility in the use of funds such as the provision of unified services across categorical groupings (McLaughlin & Warren, 1992). In addition, OSERS should (a) fund research on the development of alternative funding systems for SEAs which eliminate incentives for segregated placements; (b) fund training projects (e.g., statewide systems change projects and model demonstration sites) to establish inclusive school programs which have compatible fiscal policies; (c) require that OSERS offer grants for personnel preparation, clearinghouses, and traineeships in special education finance as well as require that leadership and administrator training programs in special education include comprehensive and current coverage of this topic; and (d) require state plans to report the extent to which their funding systems achieve the goals of less restrictive placements with more flexibility and accountability. Finally, OSERS should direct state educational agencies to examine the relationship between the teacher certification procedures in special education (e.g., categorical, cross-categorical) and their record on educational placements in an effort to determine the extent to which certification standards are inhibiting or facilitating educational placements in the least restrictive environment.

Prepare Personnel to Teach Students with Severe Disabilities in Neighborhood Schools

OSERS should adopt an agency policy requiring all funded personnel preparation programs to have practicum experiences in inclusive schools and training in collaborative teamwork and problem-solving methods to support students with special educational needs in general education classes, integrated preschools, and other environments (e.g., community, vocational) with people who do not have disabilities. Furthermore, personnel preparation applications for training teachers of students with severe disabilities should meet additional standards in content and outcomes that reflect the most current promising and effective practices. Additionally, any funding awards for personnel preparation of general education teachers or administrators would reflect Congress' insistence on the importance of experiences in inclusive schools and training in collaborative teamwork and problem-solving methods to support students with special educational needs in general education classes. OSERS should direct state educational agencies to design state plans that address personnel shortages in ways that are both consistent with the quality standards and allow more flexibility in supporting students cross-categorically.

Improve the Transition from School to Adult Life

While OSERS must continue to monitor state plans and performance in transition planning, OSERS should request that states report annual follow-up data on the employment of graduates from special education programs and set goals for improvement. OSERS should request that state educational agencies work cooperatively with state vocational rehabilitation agencies to obtain these data and to set these goals. In addition to these cooperative follow-up efforts across state agencies concerned with transition of students with disabilities from school to work, OSERS should fund demonstration projects which would require state departments to work together to align their transition policies from IDEA and the Vocational Rehabilitation Act so that the transition process is "seamless" across agencies and "user friendly" for families and educators. Through these demonstration projects, state educational agencies and vocational rehabilitation agencies would gather consumers and local school and adult services staff together to examine the barriers to integrated work placements, pay and benefits, and long-term employment. Together their task would be to develop strategies to rectify identified problems. These projects would be required to develop training materials for families, school staff, adult services staff, and potential employers as well as develop model programs for school to work transition which use collaborative teamwork and problem-solving methods.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

Using state educational agencies funds, private agencies, specially appointed panels, or University Affiliated Programs should hold regional focus groups on the barriers to quality educational programs under IDEA for students with severe disabilities and explore potential solutions. Groups should include families, educators, community agencies, advocacy groups, and local political leaders. These groups would focus on such topics as (a) inclusive neighborhood schools, (b) personnel preparation, (c) transition from school to work, and (d) humane and effective approaches to serious behavior problems. The findings and recommendations from these groups would be used to develop agency agenda, address planning and improve services under IDEA at the state and local levels, determine training needs for school and agency staff, develop dissemination sites, and validate state monitoring procedures.

State educational agencies and local education agencies should explore with their family resource centers and advocacy groups ways to improve the interactions between schools and families. Because collaborative teamwork and problem-solving skills are critical across so many promising and effective practices in special education and frequently represent the weak link in the application of those practices, state educational agencies can fund training projects that address collaborative teamwork and problem-solving methods among families, special and general education personnel, and other related agency personnel. Through their capacity to monitor IDEA implementation, provide technical assistance, oversee teacher certification, and fund research and training projects, state educational agencies should communicate to local education agencies the importance of building collaborative teamwork and problem-solving skills and procedures into their routines, both to develop IEPs and ITPs and also as part of the day-to-day operations in schools. State educational agencies should require that institutions of higher education address collaborative teamwork and problem-solving skills in all teacher, school administrator, and related service (e.g., speech/language pathology, social work) programs and should work with state health agencies to include such training in programs for allied health professionals such as occupational and physical therapists. State educational agencies, in cooperation with adult service agencies, should not only examine state regulations in terms of accuracy and consistency across agencies but also explore training certifications in areas of transition from school to work.

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Annotated Literature Abstract

Citation

Giangreco, M. F., Dennis, R. E., Cloninger, C. J., Edelman, S. E., & Schattman, R. (1993). "I've counted Jon": Transformational experiences of teachers educating students with disabilities. Exceptional Children, 59(4), 359-372.

Abstract

This article describes the experiences of 19 general education teachers, kindergarten through grade 9, who had a student with severe and multiple disabilities in their general education classrooms. The data presented in the study were based primarily on interviews conducted with the teachers and augmented with the teachers' responses to questionnaires. Fourteen of these certified teachers were women, five were men. Their teaching experience ranged from two to 21 years; 12 of these teachers had eight or more years of experience. Each teacher's classroom was supported by a paraeducator, special educator (part-time), and individually determined related service providers. This study presents important data because it chronicles what happened when students with severe disabilities were actually educated in regular classes rather than merely speculating about it. The article discusses implications for service provision, teacher training, and educational placement. Additionally, it raises issues about why some teachers change and others do not and pressing concerns about whether students with severe disabilities are being afforded their rights to an appropriate education in the least restrictive environment. As the article states, "We contend that educational equity will continue to elude us as long as we apply different standards to students whom we are unaccustomed to teaching" (p. 371).

Key Points and Quotes

1. Teachers' initial reactions to inclusion were cautious, negative, and lacked ownership.

Without exception, the teachers in this study characterized their initial reactions to learning that a student with severe disabilities would be in their class in a cautious or negative manner. They described their feeling with words like "reluctant," "scared," "nervous," "apprehensive," "angry," and "worried" (p. 363). Initially these teachers perceived their role more as a host than a teacher, assuming that someone else (e.g., special educator, paraeducator) would have primary responsibility for educating the child.

2. Teachers reported transformational experiences where they became positive about inclusion based on their interactions with students with severe disabilities and learned ways to be successful in the classroom.

Seventeen of the 19 teachers experienced significant changes in their expectations for ownership of the student's education and, after initial interaction with the student, replaced their negative and cautious reactions with descriptors such as "positive," "good," ‡successful," "interesting," "amazed," "pleased," "great," "wonderful," and "enjoyment" (p. 364). These transformations were gradual and progressive rather than discrete and abrupt and were prompted by reflection on the part of the teachers that they were not sufficiently involved with the student. As one teacher said:

> I just realized that he had been in my classroom for a month or so, and I had no contact with him really. I have a student in my classroom and I don't think I have even touched him. You know, I had so much physical contact with all the other first graders, patting them on the back, going up to them and talking to them. Other than saying "Hi Jon" when he came into the room I basically didn't have any contact with him. I started realizing at that point that I have got to have some impact on him. He's one of my students. I always said, "I have 13 students plus Jon," and then I realized: Why am I saying "plus Jon"? He's one of my students. (p. 365)

Teachers who transformed reported an increase in their sense of ownership for the child's education and developed a willingness to (a) interact with the student, (b) learn skills needed to teach the student, and (c) change their attitudes toward the student. As one teacher put it, "Nothing here is so outrageous that I can't learn it." Another commented, "To me he was just one of the kids in the class. I think you really have to have that attitude." Teachers found that they could learn a great deal from the other children in the class.

> I started watching my own regular classroom students. They didn't treat him any differently. They went about their business like everything was normal. So I said, "If they can do it, I can do it." He's not getting in their way, they are treating him like everybody else. (p. 366)

Teachers reported favoring approaches that encouraged students to learn together (e.g., cooperative learning, group problem-solving), instruction that was as active and participatory and that was typical rather than the specialized. They felt supported by collaborative teams that had a shared framework and common goals. As one teacher said, "The best support was Arlene (special educator). She was excellent. She checked in every week" (p. 366-367). Others commented, "It's nice to have somebody there," or "I really don't have any concerns knowing that a backup system is in place." (p.367) Although teachers appreciated support personnel, such "supports" were perceived negatively by teachers if they were based on the separate goals of specialists, disrupted the classroom routine (e.g., pull-out services), were overly specialized, and/or did not assist in supporting the students' needs in the regular classroom.

3. Teachers reported benefits to themselves, students with severe disabilities, and classmates without disabilities.

Teachers in this study reported benefits for the students with severe disabilities and their classmates without disabilities, as well as benefits to themselves both personally and professionally. As one teacher said, "I really think it changed the way I teach a lot. I think it was really for the better. I think it made me more flexible." Another offered, "Anything that dramatic has to make you more aware of everybody's needs" (p. 370).

Annotated Literature Abstract

Citation

Gallivan-Fenlon, A. (1994). "Their senior year": Family and service provider perspectives on the transition from school to adult life for young adults with disabilities. The Journal of the Association for Persons with Severe Handicaps, 19, 11-23.

Abstract

The transition process from high school to adult life for 11 young adults with moderate and severe disabilities was studied over a 16-month period. The data consisted mainly of transcribed interviews with transition team members and field notes taken following observations and interviews. Qualitative analyses revealed eight themes which fell into three broad categories, the main points of which are summarized below. This study, which took place before the IDEA requirement that schools develop Individualized Transition Plans (ITPs), illustrates the problems that result from starting too late in a student's school career, not sharing information across the team, minimal participation by parents in the decision-making process, lack of attention to student preferences, and inadequate collaboration among transition team members.

Key Points and Quotes

1. Parents, young adults, school personnel, and adult services providers have differing expectations and aspirations for young adult life.

When asked about their future, young adults expressed a desire to have paid employment and participate in community life in typical young adult ways (e.g., "work at Sansone's department store, hanging up clothes" or "...keeping this job! At the Donut Shop," p. 14). By contrast, many families and service providers have aspirations for these same young adults with disabilities that were lower. As one parent said, "I want the (sheltered) workshop, but she loves Burger World....I really like the workshop, I'd feel safer with her working there" (p. 15). An adult services provider said, "Mark is a long way from working in the community. I think he'll need sheltered employment" (p. 15).

2. While some high school programs include relevant community-based training on jobs, most programs had minimal family involvement, a lack of knowledge sharing and collaboration on ITP teams, and last-minute transition planning.

The 11 young adults and their families infrequently participated in the transition process or in selecting adult options. Families were rarely given information about the services available and were often unassisted by school and adult services staff in the decision-making process. Transition team members from the school and community agencies often knew very little about the services themselves. Adult services staff did not meet the young adults with disabilities until close to graduation, and parents typically never observed their sons and daughters in the community job placements during their high school years.

3. Although six of the 11 young adults were employed in community jobs upon graduation, six months later only two remained employed, with three attending sheltered workshops, one in a day treatment center, and the remaining five "sitting home."

For the brief time following graduation, the young adults talked about the benefits of their community jobs, including the work that they performed, the people they worked with, and the money they earned. But within six months, only two of the six still had jobs in the community, due to the elimination of the jobs and cuts in needed support. The three at sheltered workshops often stayed home due to work shortages at the agency; their pay averaged between $0.27 and $0.90 per hour. These young people, once happy about their community work, expressed dislike of their workshop positions.

4. Findings had significant implications for the school to adult life transition process and ITP team participants.

It is possible that these negative examples of transition may be improved by the substantial provisions regarding transition services currently included in IDEA. However, the author emphasized that several of the findings should be acted upon by school and adult services staff if transitions are to be smooth and based upon the aspirations and individual characteristics of the student. "Families must be provided with necessary information to make informed decisions regarding adulthood" (p. 20). This might mean informal training on the ITP process, visiting young adults with disabilities at community jobs or viewing their activities on videotape, maintaining ongoing communication between families and staff regarding the student's progress, and/or discussions to facilitate expanded understanding of community living, social/recreational opportunities, and person-centered planning approaches.

"The role of the transition coordinator was a pivotal one not readily accepted by those fulfilling it" (p. 21). Individuals in these roles must have the information about adult services and the transition process, must share information, and must know how to facilitate planning by the transition team. There was a "lack of collaboration that occurred among transition teams...and confirm(s) the necessity of effective teaming in the transition process" (p. 21). "Most services for adults with disabilities continue to be segregated, encourage life-long dependency, and offer limited opportunities to participate in community life in typical adult ways" (p. 22). The supports needed for individuals are most accurately determined by a team of family members, friends, advocates, and service providers. Funding for adult services should be targeted to the people receiving them, not to "programs." Flexibility in designing one's supports is far better than having to choose from "a continuum of existing services" (p. 22). Supported employment funds should be reserved for persons with severe disabilities who need them.

Model Profile

Kipps Elementary School is one of 13 elementary schools in the Montgomery County Public School Division in the southwestern part of Virginia. Kipps is a new school which opened in the fall of 1994. The principal, Ray VanDyke, and several of the current teachers transferred from nearby Gilbert-Linkous Elementary School, filming site for the award-winning videotape, Educating Peter (Goodwin & Wurzburg, 1993). At Kipps, like other schools in the system, students with disabilities attend general education classes in their neighborhood schools with their peers who do not have disability labels. Principals and staff in each school are involved in shared decision-making teams whereby decisions about the school's resources are made cooperatively with staff and with the input of parents; these decisions are consistent with the schools' and district's philosophy of providing special education services in the least restrictive environment with the neighborhood school. The special education services and supports needed for each student are planned collaboratively by the student's educational team to address the individual student's strengths and needs; supports are implemented, evaluated, and revised by the team on an individual basis, not prescribed by a disability category. Collaboration between the special education teachers, classroom teachers, parents, and other team members (e.g., related services personnel) provides the essential mechanism for planning and problem-solving.

Most elementary schools in this system have included students with mild disabilities for the past five or six years, while students with more severe disabilities have been included for the past three to four years. Special education and related services are provided to these children in general education classrooms appropriate to their chronological age. The general class teachers regularly collaborate with these special education personnel to plan needed adaptations. They may also have a reduced class size and assistance from a paraprofessional. Prior to the implementation of inclusion in this school system, in-service training on inclusive philosophy and methods was conducted and visits were arranged to other school systems that were using inclusive educational practices. Inclusion began with preschoolers and elementary-aged students with disabilities and gradually has been extended across all elementary schools and into the middle and high schools.

At Kipps, Benjamin is one of 10 students with severe disabilities, each of whom is enrolled full-time in a general education classroom. These students range from 5 to 11 years old and are placed in kindergarten through grade 5. These students have special education labels such as "multi-handicapped," "developmental delay," "autism," and "mental retardation" and have one or more of the following conditions or characteristics: cerebral palsy, visual impairment, Down syndrome, challenging behavior, and nonsymbolic communication.

Benjamin's first year of inclusive education was in preschool within Head Start. He is now seven years old and in Tricia William's second grade classroom with others his age. Benjamin has cerebral palsy, moves about with a walker, and has a special education label of multiple handicaps. He has developmental delays, visual impairments, and speech and language impairments, and hydrocephalus. He communicates primarily by words and phrases, gestures, and facial expressions. Benjamin, who is well known for being highly social, is described by some of his classmates as being "a very popular kid."

Benjamin's classroom has the same number of students as other classrooms in the school but is assigned one teaching assistant in the morning, who alternates with another in the afternoon. Both assistants attend to special needs presented by Benjamin, assist with general classroom activities, and also support educational needs of other students who do not have disability labels. By dividing their time across two different classrooms, these assistants develop more versatile skills, and capacity is created within the school that minimizes the disruption caused by the inevitable absence of the teachers or assistants. Benjamin's special education teacher, Kenna Colley, distributes her time among the classrooms at Kipps where the 10 students with severe disabilities on her "caseload" are placed by working with the classroom teachers, teaching assistants, related services personnel, and peers. Through this collaboration, Benjamin participates in the same educational activities as his classmates although at times he may be pursuing different learning outcomes than they are and/or he may need individualized adaptations to ensure that his involvement is meaningful (e.g., enlarged print materials, specialized seating, peer assistance).

Benjamin's educational program is oriented toward his participation in school routines with an emphasis on skills needed for communication, peer relationships, mobility, and self-care. Though these represent the focus of his individualized curriculum, he is exposed to a broad array of curricular content in general education areas such as physical education, music, art, science, social studies, and language arts.

The related services providers work with classroom staff to provide educationally relevant input that is required to support Benjamin's program in general class and school activities.

The school system uses a planning process to make the transitions from grade to grade and school to school "seamless" and smooth. For Benjamin, this involves his team beginning their discussions about the upcoming school year in March and April. Classroom visitations are part of this process so that the selection of the teacher and classroom can be balanced with the school's overall configuration of students needing special education supports. At this point in the evolution of inclusive education in Montgomery County, teachers are hired with the understanding that children with disabilities will be in their class and that individually determined supports will be provided; thus, seeking teachers who are willing to volunteer to have students with disabilities in their classrooms is not part of the transition process. An effort is made to keep friends together, so last spring when transition planning began, the team made sure that children, including Benjamin, each had a core of friends in his or her upcoming classroom.

Mr. VanDyke established twice monthly "inclusion meetings" devoted to collaborative problem-solving. Teachers share their successes and concerns in a round-robin fashion, and the group makes decisions about solutions, determines who is responsible, and sets timelines. When complex problems arise, Mr. Van Dyke meets with a smaller group of teachers and facilitates solution finding. "Whole school" strategies also result from collaborative problem solving at Kipps. For Benjamin, who is very social and is learning to move more quickly through the school, a whole school strategy was put in place this year by requesting that everyone reduce their socialization with him in the hall, and instead, wait for times when he is not moving through the schools on a schedule. Teachers in turn advised their classes with sensitive explanations of the reasons.

Peer support is central to the inclusive school program in Montgomery County and takes several forms. For example, peers' questions are answered in respectful ways; teachers model appropriate interactions and help to students with disabilities as needed; teachers work with peers to problem-solve and discuss issues of concern (e.g., "How can we help Benjamin participate?"); and cooperative groups and activity-based instruction are frequently used within classroom activities. All staff members at Kipps Elementary School share responsibility for welcoming, including, and educating all the students in the school, including those with severe disabilities.

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AUTISM

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Abstract

1. Students with autism comprise a heterogeneous group with diverse and significant needs. The general outcomes that may be particularly important for these students involve the development of social comfort and competence, including an ability to communicate with others, and maximum independence in the performance of functional life skills.

2. Although there are indications of philosophical shifts in the education of students with autism, it is difficult to document substantial improvements in the outcomes for these individuals.

3. Promising practices in supporting students with autism include (a) educational programs in which placements and curricula are truly individualized, (b) collaborative support networks, (c) communication-based intervention, and (d) programs based on the principle of least restrictive environment opportunities for community participation.

4. Practices that are impediments in achieving essential educational outcomes consist of (a) segregated and categorical programs, (b) overreliance on specific models of service delivery, and (c) reactive methods of dealing with problem behavior.

5. Congress should (a) strengthen language associated with the individualization of educational plans and (b) include incentives for SEAs and LEAs to promote diverse least restrictive environment (LRE) practices.

6. OSERS should (a) develop monitoring systems that provide ongoing support and assistance to promote creative LRE; (b) fund demonstration, implementation, and evaluation efforts that address individualized, comprehensive supports throughout LEAs; (c) fund personnel preparation programs that include partnerships between universities and LEAs and that are integrated across special and regular education; and (d) fund research that focuses on the social development and social functioning of students from childhood through transition.

7. State and local education agencies should (a) strengthen mechanisms for families to influence educational objectives, placements, and instructional supports; (b) revise funding formula so that dollars are associated with students' needs, rather than categorical programs or placements; and (c) develop improved programs for teacher training and provide funds to evaluate the efficacy of innovations and model practices.

1. What outcomes within the categorical area are recognized as important for students to obtain?

Students with autism should be provided with the opportunities and encouragement necessary to achieve the same general outcomes that are viewed as essential for all students. Schools should prepare students for adult life in the community, including the worlds of work, recreation, domestic functioning, and social interaction. However, the special characteristics of students with autism indicate certain outcomes that require increased emphasis. In particular, educational programs for these individuals should include as objectives the development of social competence and independence in the performance of life skills.

Social competence. Children and adults with autism are distinguished by the pervasive difficulty and discomfort with which they approach social interactions. This is a very broad impediment, affects virtually all of life's endeavors, and is manifested in significant problems in communication, frequent anxiety in social situations, social withdrawal, and the performance of unusual and sometimes disruptive patterns of behavior. Students with autism need to develop competence and comfort in social interactions. To achieve these vital outcomes, students must be taught functional communication skills, they must learn how to control themselves and their circumstances in acceptable ways, and they must be provided with ongoing, supportive experiences in typical settings that require continuing, community-relevant social interactions.

Independence. Students with autism also need to acquire life skills and routines that allow them to function in a manner that is as independent as possible. The curriculum needs to address skills that are relevant to community functioning (Falvey, 1989). But that curricular emphasis is frequently insufficient, because students also need to complete activities without the hovering or continuous prompting provided by teachers and aides. Independent performance of age-appropriate and -relevant activities should be explicit expectations for all students with autism.

2. To what extent have these outcomes been achieved in the last five years?

The essential outcomes having to do with social competence and independence have not been achieved in a significant way in educational programs for students with autism. In general, education agencies are still fostering models that provide secluded, highly structured instruction but that fail to emphasize the students' social lives or opportunities for independent functioning. There are exceptions, of course, and there are some indications that a philosophical shift is occurring toward a greater programmatic appreciation of the crucial outcomes, but at this point there is meager evidence that these outcomes are being achieved.

It will continue to be difficult to address this question in any depth until agencies and researchers provide system-wide and longitudinal data on meaningful outcomes (Meyer & Evans, 1993). One indication may be the extent to which students with autism benefit from placements in regular education settings. For example, recent data in Florida show that the percentage of children with autism who are being educated in regular classes has risen from zero to 7 percent between 1989 and 1993. Although that may be a desirable trend, these data also demonstrate that the overwhelming majority

(90 percent) of these students are still being educated in separate classrooms or separate schools, where useful exposure to typical social interactions is highly improbable.

3. What educational models/procedures are most effective for achieving these outcomes?

Promising approaches for educating and supporting children with autism include individualized educational programs, collaborative support networks that include families and professionals from various disciplines, communication-based intervention, and inclusive programs with ongoing opportunities for social interaction and community participation.

Individualized Educational Programs

The abilities and challenges that are characteristic of autism are extremely diverse so it is especially urgent for educators to individualize placements, educational programs, and behavioral supports. Educational programs should address each student's immediate and long-term needs in the variety of contexts in which the student interacts. This approach is exemplified in a number of functional, activity-based, and individualized sequencing models (e.g, Holvoet, Mulligan, Schussler, Lacey, & Guess, 1984) in which educational goals are identified by examining various activities and environments in which the student participates and then by identifying those skills that the student must exhibit to interact successfully in those situations. Individualized support also requires attention to a student's idiosyncratic preferences, learning styles, and patterns of interacting with the environment. Assessing and addressing these aspects of a student's functioning are vitally important for communication development and behavioral support (Carr, Robinson, & Palumbo, 1990).

Collaborative Support Networks

Collaborative support networks involve informal structures created to support a student and to facilitate consistent communication between care and service providers (Nisbet, 1992). Collaborative relationships are characterized by openness, mutual respect, and shared responsibility. Because students with autism usually present a variety of challenging characteristics and because effective support must be provided in a comprehensive and coordinated manner, providing for a collaborative team process to design and implement an educational support plan is regarded increasingly as a feature of exemplary practice.

Communication-Based Intervention

An educational approach that serves to develop forms of practical communication and simultaneously reduce serious problem behaviors is referred to by several labels, including communication-based intervention (Carr et al., 1994) and functional communication training (Durand, 1990). These procedures have extensive support in the research literature and have been demonstrated to be effective with a diversity of students and situations. The approach begins with a process of functional assessment (e.g., Foster-Johnson & Dunlap, 1993) that produces the information needed to design individualized communication programs and other support strategies. The communication skills that are developed serve the same purpose as the problem behaviors, but they do so more effectively and efficiently so that the student has no need to exhibit the problem behavior. As a result, the student benefits from increased communicative competence, decreased rates of undesirable behavior, and, more generally, a positive atmosphere associated with respectful, individualized, and proactive educational procedures.

Inclusive Programs with Opportunities for Community Participation

Children with autism can be educated successfully in inclusive settings if they receive adequate supports. Indeed, if the essential, social competence and independence outcomes are to be realized, it may be necessary to provide inclusive educational programming whenever, and to the fullest extent, possible (Dunlap & Robbins, 1991). Although there is much to be learned about providing inclusive support for students with autism, it is unequivocally clear that social development, in particular, cannot flourish in isolation from peer interactions and typical social relationships. Inclusive programming includes regular class placements with the provision of formal assistance and natural supports (Jorgensen, 1992), as well as opportunities for participation in the curricular and extracurricular activities of the community (Falvey, 1989).

4. What educational models/procedures most inhibit these outcomes?

Program models that may impede progress toward social competence and independence for students with autism, aside from those which are simply negligent, are essentially the antithesis of practices that promote these desirable outcomes. These models and procedures include but are not limited to segregated and categorical programs, highly specific and standardized prescriptions for service delivery, and reactive methods of dealing with problem behavior.

Segregated and Categorical Programs

Center schools and self-contained special education classrooms present barriers to social development, peer interaction (and opportunities for friendships), and the emergence of independence. For children with autism to acquire socially adaptive skills, they must have access to the contexts in which those skills are to be demonstrated. They also must perceive themselves, and be perceived by others, as genuine members of their school community. Segregated, special education programs have long histories of justification, but these are recognized increasingly as being based on administrative convenience rather than student need. There is a great deal that needs to be understood and rearranged before fully inclusive education can benefit all students with autism, but a necessary step is to acknowledge the barriers that are represented by self-contained, categorical, and segregated programs.

Specialized Models of Service Delivery

The history of autism is one in which hundreds of specialized, "expert" models of service delivery have been advanced, exercised, and discarded. Many of these models are based solely on unverified theory or on unreplicated findings that have been promoted as a panacea for autism. A lesson to be acquired from this history is to avoid reliance on a particular orientation and, instead, to develop individualized education plans on a foundation that includes the growing data base of empirical, replicated findings regarding effective educational practices, common sense, devoid of the autism mystique, careful, functional assessment and futures planning, and knowledgeable and caring input from a collaborative team that includes professionals, family, and friends. Overreliance on highly specific models, or dependence on one professional voice, can inhibit progress toward meaningful outcomes for students with autism.

Reactive Methods of Dealing with Problem Behavior

Another impediment to desired outcomes is the common practice of reacting to problem behaviors with punishment procedures that are intended to suppress the unwanted behaviors. Since the 1960s, a popular means for managing difficult behavior has been punishment, and this tradition led to the implementation of many bizarre, cruel, and unnecessary procedures. People with autism have been subjected to harsh punishments quite frequently in schools and other settings. These punishment procedures have been recognized increasingly as ineffective and inhumane. The continued use of reactive techniques can suppress problem behavior temporarily. These techniques, however, can be associated with serious side effects, inhibit communicative expression, and stigmatize and ostracize the students, and they are generally not permitted in inclusive school environments. As a result, behavior management that relies on reactive procedures represents a serious impediment to the achievement of desired outcomes for students with autism. These reactive approaches should be replaced by positive alternatives (Horner et al., 1990), including functional assessment and communication-based interventions (e.g., Carr et al., 1994) that repeatedly have been demonstrated to be effective.

5. Provide two or three specific recommendations for action by Congress.

Congress should contribute to improved educational practices for students with autism by strengthening the language and the oversight that pertain to the individualization of educational plans and by including incentives for SEAs and LEAs to promote diverse, inclusionary practices. Both of these actions would serve the needs of low-incidence groups of students (e.g., students with autism) who present substantial challenges to service systems by encouraging educators to focus on the individual support needs that these students present and, thus, to move away from consolidated, segregated practices.

Including Explicit Directives in the Committee Report Regarding the Individualization of Educational Plans and Programs and Providing for a Similar Focus in Oversight Hearings

A very significant problem affecting educational services for students with autism is the general failure to provide educational plans and programs that are truly individualized. Instead, school systems often operate with a presumption that students who have the label of autism will receive "autism" services in an "autism" classroom, using an "autism" curriculum, under the direction of the system's "autism" teachers. This tendency violates the indispensable condition of individualization, and it also works as an impediment in the movement toward social development and inclusive education. Therefore, it would be helpful if Congress could include in the Committee Report that accompanies IDEA clear, strong language that mandates demonstrable individualization in the education plans, programs, placements, and supports that are provided for all students, including those with autism. To support this emphasis, Congress should focus oversight hearings on this same concern.

Providing Incentives, Through OSERS, for SEAs and LEAs to Promote Diverse, Inclusionary Practices

Congress should direct OSERS to direct discretionary resources that are awarded to state and local education agencies such that they are used to encourage responsivity to individual needs of students who have autism or other low-incidence disabilities. This is a crucial consideration for special and regular education, so it would be desirable for Congress to appropriate additional funds for OSERS to distribute for this purpose, especially through systems change and utilization projects.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

There are several actions that OSERS should take that will improve the implementation of IDEA and serve students with autism more effectively. In particular, OSERS should develop monitoring systems to provide ongoing support and assistance for creative, inclusionary practices; fund demonstration, implementation, and evaluation efforts that address individualized, comprehensive supports across LEAs; fund personnel preparation programs that include partnerships between universities and LEAs and that are integrated across special and regular education; and fund research that focuses on the social development and social functioning of students from childhood through transition to adult life.

Developing Improved Monitoring Systems

OSERS should develop monitoring systems to avoid the "one-shot" evaluations and, instead, offer ongoing consultation and support for states and districts. As school restructuring progresses in various forms in different states, education agencies will need continual guidance, assistance, and monitoring so that the emerging structures incorporate appropriate, systemic responses to the education of students with autism and related disabilities. In particular, this ongoing monitoring will need to encourage creative, inclusive educational opportunities for all students.

Funding Evaluation and Change Projects Across LEAs

OSERS should provide funding for innovative projects within local education agencies. Students with autism will not be served adequately unless the entire local education system is philosophically and programmatically attuned to the need for individualized planning, placement, and support. Therefore, funds would be well directed if they allowed system-wide demonstration, implementation, and evaluation efforts across the spectrum of a local agency's operations.

Funding Integrated Personnel Preparation Programs

OSERS can encourage improvements in teacher (and related personnel) training programs in several ways. First, priorities should be established to fund those university programs that merge special and regular education training and that promote flexibility in certification requirements. Second, funding should depend upon the incorporation of current, appropriate practice rather than outdated educational models and approaches. Third, funding should encourage partnerships between university training programs and local education agencies, such that there is a coordinated push to build effective programs for all students, including students with autism.

Funding Research on the Social Development

Finally, OSERS should fund applied research in the area of social development and social functioning of students with autism. Social development is defined broadly. It includes the growth of communicative competence, friendships, social comfort, and the ability to negotiate the complex social arena in which we people interact. It is especially crucial that this research identify meaningful outcomes and develop an improved understanding of the full social lives of these students so that educational programs can be designed more successfully.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

The recommendations for OSERS can apply to state initiatives as well but with additions. Specifically, state and local education agencies should strengthen mechanisms for families to influence educational objectives, placements, and instructional supports; revise funding formulae so that dollars are associated with students' needs, rather than programs or placements; and develop improved programs for teacher training and provide funds to evaluate the efficacy of innovations and model practices.

Strengthening Mechanisms for Family Influence

It is difficult to understand the personalities and preferences of many students with autism, and teachers often find these students to be the most challenging in their classes. Parents and other family members, who also face tremendous challenges, are very often the most knowledgeable and sympathetic sources of information. Families also have the greatest investment in the student's education (Powell, Hecimovic, & Christensen, 1992). Therefore, families should be considered as full partners in the design of educational support programs. Unfortunately, many school systems seem to shun this involvement. Mechanisms need to be developed to encourage school systems and families to work together collaboratively. In this regard, state agencies should be models for the local education agencies by including family representatives in the complete process of planning, monitoring, and supporting district activities.

Revising Funding Formulas

State funding formulas for local education agencies are substantial impediments to individualized student placement and support. Frequently, state funding is tied to categorical labels or to placements. These factors need to be revised so that funding is tied to the student (in accordance with support needs) and not to a program, and such that dollars geared to student support can be used flexibly in accordance with the student's individual support plan.

Developing Teacher Training and Innovations

State and, to some extent, local agenices can improve outcomes for students with autism and related disabilities by encouraging training for all teachers in the basic characteristics and support needs of these students. As schools undergo restructuring, there will be an increased need for transdisciplinary teams and generalist support providers who have expertise in curriculum adaptation, behavioral support, and methods for promoting social development. It will be crucial for state and local education agencies to ensure that these personnel are provided with frequent training opportunities because advances in the field of inclusive education are occurring very rapidly.

Finally, state and local agencies should encourage and support innovative programs and demonstration activities that may include single schools or entire districts. The implementation and evaluation of innovative practices will continue to be extremely important as schools across the country seek improved approaches for supporting students with disabilities.

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Annotated Literature Abstract

Citation

Carr, E., Levin, L., McConnachie, G., Carlson, J., Kemp, D., & Smith, C. (1994). Communication-based intervention for problem behavior: A user's guide for producing positive change. Baltimore, MD: Paul H. Brookes.

Abstract

This text describes a systematic, communication-based approach for assessing and intervening with challenging behavior exhibited by individuals with disabilities. This "user's guide" provides a synthesis of the research and commonsense practices. It also articulates values emphasized in supporting individuals with severe disabilities.

Key Points and Quotes

1. Communication-based intervention involves providing a person with alternative, socially acceptable skills to meet the function of, and replace, challenging behavior.

"Communication-based intervention refers to an approach that reduces or eliminates problem behavior by teaching an individual specific forms of communication. Because the communication forms that are taught are more effective ways of influencing others than the problem behavior, they eventually replace the problem behavior itself." (p. 3)

2. Support for individuals who exhibit challenging behavior requires a comprehensive and systematic approach.

"Problem behavior usually serves a purpose for the person displaying it."

"Functional assessment is used to identify the purpose of problem behavior."

"The goal of intervention is education, not simply behavior reduction."

"Problem behavior typically serves many purposes and therefore requires many interventions."

"Intervention involves changing social systems, not individuals."

"Lifestyle change is the ultimate goal of intervention."

(Major Themes, pp. 4-5)

Annotated Literature Abstract

Citation

Jorgensen, C. (1992). Natural supports in inclusive schools. In J. Nisbet (Ed.), Natural supports in school, at work, and in the community for people with severe disabilities (pp. 179-215). Baltimore, MD: Paul H. Brookes.

Abstract

Providing natural supports in inclusive educational programs requires a coordination of social and material resources in an effort to help children with disabilities to develop skills and friendships in mainstream environments. It requires a caring and supportive climate, as well as instructional techniques that promote not only individual achievement, but also collaborative efforts between students and adults.

Key Points and Quotes

1. Natural supports extend beyond the material resources and specific strategies used to support children. They also reflect the philosophy and social ecology of the school.

"Natural supports for school-age children with disabilities are those components of an educational program–philosophy, policies, people, materials, and technology, and curricula–that are used to enable all students to be fully participating members of regular classroom, school and community life. Natural supports bring children closer together as learning partners rather than isolating them." (p. 183)

2. Schools that embrace a commitment to inclusive education are characterized by individualization and collaboration for both the students and instructional personnel.

"Inclusive schools have been described as schools in which: 1) the importance and value of diversity are shown through the entire school culture, 2) the curriculum is designed with all students' needs in mind, 3) instructional models and strategies are based on cooperative principles, 4) staff engage in collaborative interactions to solve problems and carry out instruction, and 5) friendships are intentionally facilitated (Stainback & Stainback, 1990; Stainback, Stainback, & Forest, 1989). An additional characteristic of inclusive schools is a reliance on natural supports for children with extraordinary challenges; increasingly, this is being recognized as an important factor in making full inclusion successful." (p. 186)

3. Instructional formats that incorporate individualization of learning goals and activities, cooperative learning strategies, and natural peer and adult supports may facilitate student success within inclusive educational programs.

"Even when the curriculum is broad enough to include students who are working on an eclectic array of skills, teachers still need instructional formats that enable them to structure the school day so that every student is spending time actively engaged in learning, and that enable teachers to document individual and group progress toward learning goals." (p. 188)

Model Profile

Today's criteria of best practice for students with autism differ from the criteria of a few years ago, and it is expected that the most effective models will continue to be improved with accumulating data and experience. The local model highlighted in this presentation, in fact, represents a direct advancement from a predecessor that was operated less than ten years ago in Appalachia (Dunlap, Robbins, Morelli, & Dollman, 1988), and it continues to be refined. The best practice model of support for students with autism is a comprehensive early intervention project, funded by OSERS, and operated in the greater Tampa Bay area of west Florida (Dunlap & Fox, in press).

The model program, the "Individualized Support Program (ISP)," is based on a conceptual and values-based orientation that incorporates essential features of current best practice for young children with autism and related disabilities. Although ISP is an early intervention program, these features have relevance for other autism programs because they reflect objectives and programmatic components of general pertinence and importance. The essential features of the model are a distinct individualization, with all plans and interventions being based on comprehensive assessment of the child and his or her environments; a systematic focus on the development of functional communication and social competence; inclusive education and support programs that address useful life skills in typical preschool and child care settings; and an emphasis on family support and participation.

The ISP model is designed to help young children who have severe disabilities in the areas of communication development and behavioral adaptation. Most of the participating children meet the criteria for a diagnosis of autism. The model does not provide direct services but, rather, delivers consultation, training, and individualized support for the children, their families, and the service providers who assume responsibility for the children's care and education. This assistance is provided in the family's home, the community, and in inclusive preschool or day care settings. Because the program is not tied to a specific facility, the catchment area can be extensive and, in this case, it covers the entire Tampa Bay area.

The program is staffed by professionals and paraprofessionals who have expertise in early childhood special education, child development, and optimal support strategies for children with disabilities. Included on the staff are people who have family members with disabilities.

The program is operated for each participant in two general phases:

- Phase 1 is relatively intensive, lasts approximately four months, and includes (a) comprehensive ecological and functional assessments, (b) rapport building with the child and with family members, (c) futures planning and collaborative teaming, (d) comprehensive family support and training, (e) direct interactions with the child to formulate specific intervention strategies, especially in the area of functional communication, (f) identification of appropriate preschool and/or child care programs, (g) training and technical assistance for the preschool and/or child care programs, and (h) transition from intensive support to longitudinal assistance.

- Phase 2 is an ongoing relationship of support, friendship, and technical assistance. In this phase, the program staff maintain telephone contact and make occasional visits with the family, conduct periodic functional assessments of communicative behavior, provide assistance with transitions and with other difficult circumstances, and, in general, provide professional assistance on an as-needed basis. In Phase 2, the project becomes a back-up support that families and care providers can call upon when a salient change occurs or when additional advice and guidance are requested.

Although the evaluation of ISP is still in progress, initial outcomes with participating children are very encouraging. In addition, the results obtained from thorough evaluations of the earlier model (e.g., Dunlap, Johnson, & Robbins, 1990) demonstrated substantial gains in most areas of development for the majority of participants, including nearly complete elimination of the children's severe problem behaviors.

The general approach demonstrated by the ISP model is applicable for older children with autism and related disabilities. For example, the features of collaborative teaming, communication training, family involvement, and supported inclusion are being used to assist numerous elementary school children who have autism. Unfortunately, these positive illustrations tend to be the exceptions, requiring special efforts of family members and dedicated professionals. Students with autism desperately need these individualized supports to be built into the educational system at all levels.

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PHYSICAL DISABILITIES

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Abstract

1. Special education goals for students with physical disabilities are (a) independent functioning as adults in education, psychosocial, vocational, and leisure activities, (b) participation in academic and other programs, and (c) access to and informed use of assistive technology.

2. These outcomes have not been satisfactorily achieved, despite IDEA, the Rehabilitation Act, and the Americans with Disabilities Act (ADA).

3. The promising practices include (a) providing the full continuum of educational placement options, (b) prioritizing student needs as the basis for educational programming, and (c) specialized teacher training.

4. The barriers include (a) restricting placement options on the basis of the availability of services rather than making placement decisions on the basis of the student's needs, (b) disenfranchising parents so they do not share decision-making powers with educators, (c) insufficient supply of well-trained professionals, and (d) lack of collaboration among teacher training institutions, schools, and other service delivery agencies.

5. Congress should (a) amend IDEA to include the low-incidence population of students with physical disabilities as a focus category and (b) direct OSERS to provide incentives for teacher training and model demonstration programs.

6. OSERS should augment (a) personnel preparation programs and (b) model demonstration programs.

7. State and local agencies should (a) support and maintain the full continuum of educational placement options and (b) collaborate with institutions of higher education in developing more personnel preparation programs.

1. What outcomes within the categorical area are recognized as important for students to obtain?

Students with physical disabilities should attain outcomes that will facilitate their independent functioning as adults in their educational/academic, psychosocial, vocational/transition, and leisure endeavors. In education, they should be able to participate in programs tailored to their individual needs, including core academic, parallel adapted, and functional curricula. Across these options, low and high technologies (including adapted instructional materials, computer interface, and augmentative communication) are critical for their access, participation, and optimal academic achievement (Bigge, 1991).

Positive psychosocial outcomes achieve a congruence between their abilities and the demands of their environments and enhance their personal independence (including mobility enhancement, self-care, and support service coordination), understanding of their own disability status, interpersonal interaction strategies, the establishment of positive relationships, and adaptive communication techniques (Marshak & Seligman, 1993; Powers, Washburn, Parry, Singer, & Sowers, 1994).

Vocational outcomes depend on their adequate career preparation and physical inclusion in the workplace through appropriate access and accommodation as specified in the ADA. Agencies and other services that provide direct and indirect advocacy support are vital assets to their vocational success.

Finally, leisure skills and activities support their independence and functional living. Their knowledge and use of facilities, programs, and activities in a variety of community settings are consistent with their participation in all aspects of post-school social and vocational integration.

2. To what extent have these outcomes been achieved in the last five years?

These outcomes have yet to be satisfactorily achieved, although supported by IDEA, Section 504 of The Rehabilitation Act, and ADA. A major obstacle is a lack of trained teachers to work with students with physical disabilities. Indeed, students' unique educational and psychosocial needs often are not met by skilled teachers (Ammer, Best, & Kulik, 1994). Because of the increasing emphasis on their integration into neighborhood educational programs and because of the expansion of teacher training needs engendered by Part H requirements, this lack is especially critical (Curry & Hatlen, 1989).

The low number of adequately trained teachers stems directly from the small number of teacher preparation programs in the area of physical disability. The trend toward granting more generic credentials in special education, coupled with the low incidence of physical disabilities, does not result in adequate and specialized teacher preparation.

Finally, to support a service delivery system that is practical, "user friendly," and responsive to individual needs, there must be collaboration on services and activities among teacher training institutions, schools, and agencies. Although a knowledge base for training teachers exists, support and dissemination of that knowledge involve a collaborative effort that has yet to be achieved.

3. What educational models/procedures are most effective for achieving these outcomes?

Promising approaches to achieving successful outcomes for students with physical disabilities are (1) providing the full continuum of educational placement options, (2) prioritizing student needs as the basis of educational programming, and (3) specialized teacher training.

Providing the Full Continuum of Educational Placement Options

Students with physical disabilities can have their educational needs met in a wide variety of school placement options. These options fall within IDEA's continuum of placements and include hospitals, home placement, special education day classes, neighborhood schools, and other settings that meet students' needs as identified in their IEPs. The current movement toward inclusion in general education is successful for students with physical disabilities only when support services to meet their physical health care, education/learning, transportation, therapy, medical, and communication needs are provided, as IDEA requires.

Prioritizing Student Needs as the Basis for Educational Programs

The educational needs of students with physical disabilities are diverse and numerous. These needs often are related to the characteristics of a student's disability: neurological or nonneurological conditions; the student's physical stamina; the severity of any particular disability; the multiplicity of disabilities; the level and frequency of medical health care needs; the presence or absence of specific learning and behavioral disabilities; and the student's age, because infant/preschool programs differ in approach in methodology and curriculum from programs at elementary and secondary levels. In addition, appropriate education takes into account individual assessment, use of technology for health maintenance and communication, alternative curricula and teaching methodologies, accessible and modified learning environments (classrooms and buildings), and the availability and promotion of a general education academic curriculum for preparation for independent post-school living. Students' needs related to their physical disabilities and their educational concerns may be met in a variety of settings.

Key to appropriate and successful educational placement of students with physical disabilities is a cadre of specially trained teachers and the availability of a variety of school programs for children. Prospective teachers should be trained to meet students' needs in any of the permissible and appropriate placements.

Enhancing Specialized Teacher Training

Teacher training programs and school placement programs for students with physical disabilities are a "low-incidence" area within special education. Accordingly, teacher training programs and school programs are few in number and must be tailored to meet students' multiple needs. Innovative programs for both teacher training and service provision for these students may need to include new technology for distance-education models, educational resources through interdistrict collaboration, provision of direct medical and education resource materials and personnel at distant on-site locations, and use of the more traditional home-hospital-school site model of service provision.

4. What educational models/procedures most inhibit these outcomes?

It is axiomatic that special education should meet students' individual needs rather than that students' needs should be required or adapted to fit any specific existing or planned program. When students' needs are placed secondary to the characteristic of a specific school program, curriculum, methodology, or school placement, the students and the outcomes of their education likewise become secondary. Two practices that inhibit successful outcomes for students with physical disabilities are (1) restricting educational placement options and (2) parental disenfranchisement.

Restricting Educational Placement Options

It is inappropriate and restrictive to regard as applicable or even desirable a generic special education teacher training program or a single type of educational placement program for students with physical disabilities. The variety and multiplicity of students' needs require a variety and multiplicity of teacher competencies and school placement options. Accordingly, there is no question that the goal of the placement of students with physical disabilities in the least restrictive environment, as guaranteed by IDEA, should be maintained and vigorously supported.

A policy that restricts the delivery of needed educational, medical, and/or health care services to students with physical disabilities meets neither the needs of individual students nor the principles and conditions of IDEA or other rights legislation. To the extent that it is possible and beneficial to meet students' IEP-defined goals and objectives and to provide required health-related care and services, students should be educated in the least restrictive environment with their nondisabled peers. However, a policy that asserts that any model for educational placement is the only viable option can inhibit students' ability to attain identified goals and objectives.

Combating Parental and Student Disenfranchisement

A major provision of the IDEA is the involvement of parents or guardians in the process of identifying and approving of their children's educational goals and objectives. Likewise, the IDEA provides for the involvement of the student, when appropriate, in the IEP process. Parents' and students' direct involvement provides a highly useful level of cooperation and collaboration. Parents and students often have a global awareness of disability characteristics, both limitations and abilities, that may not be shared or even known by school personnel. To disenfranchise parents and students limits educators' abilities to understand and meet students' needs in the classroom or other educational settings and to manage the most appropriate educational placement possible.

5. Provide two or three specific recommendations for action by Congress.

Congress should amend IDEA to specifically support programs for students with physical disabilities and direct OSERS to provide incentives for teacher training and model demonstration programs that address physical disability. These amendments will result in a focus on physical disabilities and affect federal funding activities to enhance teacher competence, in turn leading to better student outcomes.

Supporting Programs for Students with Physical Disabilities

Subchapter III of IDEA identifies specific disabilities (severe emotional disturbance, deaf-blind, severe disabilities, etc.) as critical categories for services. In addition, this subchapter authorizes regional resource centers to promote service delivery. Congress should amend this subchapter to include the low-incidence area of physical disability as a focus category. Specifically, resources for the creation of ongoing regionalization of programs to support local efforts for serving students with physical disabilities will allow collaboration between local education agencies and institutions of higher education. Regionalization of programs enhances educational service delivery to students in urban, suburban, and rural areas. These programs facilitate provision of related and specialized support activities such as itinerant teaching and consultation services, occupational and physical therapies, speech therapy, and other related physical care services.

Directing OSERS to Provide Incentives for Teacher Training and Model Demonstration Programs

Subchapter IV of IDEA authorizes grants for personnel training, and Subchapter V authorizes funded research and model demonstration programs. Incentives in the form of maintenance and enhancement of grant funding of training programs for teachers in physical disabilities and development of model demonstration programs, including regionalization projects, will serve several purposes. First, grant funding provides support to initiate higher education personnel preparation programs in physical disabilities. In addition, grant support of training programs is a powerful inducement for prospective teachers, especially in states where education is a graduate activity and often requires two years' enrollment beyond the baccalaureate degree. Grant support for personnel preparation programs also helps in recruiting and maintaining members of minority communities who are interested in teaching but lack the financial resources to do so. Finally, support for model demonstration programs enhances best practices in both teacher training and education service delivery activities among training institutions, local education agencies, and other service providers.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out in the next five years.

OSERS should provide grant support for personnel preparation programs and model demonstration programs.

Augmenting Personnel Preparation Programs

OSERS should take the following action:

- Establish the area of physical disability as a priority in personnel preparation competitions.
- Establish priorities for funding teacher training programs in minority institutions of higher education.
- Provide priority funding for training programs that focus on training personnel to work in the field of early intervention and early childhood special education.

- Establish funding priorities for programs to train specialists to work in post-school transition programs.
- Establish priorities to prepare teachers to work in collaborative/integrated/inclusive educational placement service delivery models.
- Establish priorities for establishing and implementing teacher training programs through innovative distance education techniques.

Funding Model Demonstration Programs

OSERS also should:

- Establish separate priorities in funding competitions for cooperative program planning and implementation of activities among institutions of higher education, local education agencies, and other service provider agencies.
- Establish priorities for evaluation research that will identify quality measures of effective school placement program options.
- Establish priorities for planning and implementing school service delivery programs in rural areas through innovative education techniques.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local agencies should (a) support and maintain the full continuum of educational service delivery options for students with physical disabilities and (b) collaborate with institutions of higher education that have personnel preparation programs in initiating and conducting field-based research.

Supporting and Maintaining the Full Continuum

State education agencies should encourage educational service delivery options, including general education, itinerant services, special day class, and hospital and home instruction. This can be achieved by attending to teachers' identified unique competencies and students' specific goals and objectives.

State agencies responsible for granting teacher certification and credentials should be encouraged to maintain teacher training programs that prepare teachers to work in school programs for students with physical disabilities. This can be accomplished through the maintenance of special and general education program placement options for all students.

Collaborating with Institutions of Higher Education in Field-Based Research

State education agencies should be identified as a priority concern to Congress by establishing funding for field-based research in special education. These funding priorities should include assistance to design, develop, and implement measures to assess innovative and beneficial school placement options across students' full age and ability ranges.

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Annotated Literature Abstract

Citation

Swan, W. W., & Sirvis, B. (1992). The CEC common core of knowledge and skills essential for all beginning special education teachers. Teaching Exceptional Children, 25(1), 16-20.

Abstract

This article identifies the outcomes of the work of the Professional Standards and Practice Standing Committee of the Council for Exceptional Children. The committee identified a common core of knowledge and skills necessary for the beginning special education teacher. The article states that (a) there are specific knowledge and sets of skills that special educators in general need to know and (b) there are specialty levels of knowledge and skills "that special educators are to possess in order to teach a particular exceptionality, specialty, or age group." (p. 17)

Key Points and Quotes

1. General and disability-specific knowledge and skills are necessary for beginning special education teachers.

The eight knowledge and skill categories are:

(1) philosophical, historical, and legal foundations of special education;

(2) characteristics of learners;

(3) assessment, diagnosis, and evaluation;

(4) instructional content and practice;

(5) planning and managing the teaching and learning environment;

(6) managing student behavior and social interaction skills;

(7) communication and collaborative partnerships; and

(8) professionalism and ethical practices.

With a combination total of 107 knowledge statements and their associated skills, it is clear that preparation of teachers of students with exceptional needs cannot be considered as "add-on" teacher training. This list provides ample justification for the continuing need for well-trained teachers across several areas of student need and teacher competence.

..."that the knowledge and skills described in the Common Core document will provide guidance to those interested in reforming special education certification standards and enable them to advocate for standards that are professionally sound, reflect best practice, and are universally applicable. The Common Core will need to be improved over time, but for now it is an important step toward strengthening our profession." (p. 17)

Annotated Literature Abstract

Citation

Ammer, J. J., Best, S. J., & Kulik, B. J. (1994). Meeting the needs of students with physical handicaps: A survey of administrators and teachers in California. Physical Disabilities: Education and Related Services, 13,(1), 25-39.

Abstract

A cooperative project, conducted jointly by five universities, which offers credential programs for teachers of individuals with physical disabilities investigated demographics, teacher competencies, and teacher training options. The 220 administrators addressed (a) changing types of service delivery options, (b) increased responsibility of teachers other than those with expertise in physical disabilities to provide for the primary education needs of students with physical disabilities, and (c) continuing need for certified teachers in the area of physical disability. The 143 teachers of students with physical disabilities addressed (a) precredential and postcredential competencies and (b) effective modes of competency training. The study indicates that there is a body of expertise which teachers of individuals with physical disabilities need to learn. Also, special and general educators need to develop competencies to provide primary service for these students in their classrooms.

Key Points and Quotes

1. The diversity of students with physical disabilities necessitates diversity in meeting their educational needs.

Students with physical disabilities are served in a variety of placement options and by teachers whose specific training in this area may be lacking.

- The changing service delivery options produce a critical need for teachers in both self-contained special day classes and in consultant situations.
- Difficulty in locating properly trained teachers is most pronounced in rural areas.
- Dual certification to prepare teachers to meet the diverse needs of students was stressed.

" The growing teacher shortage throughout the country is requiring teacher assignment and student placement decisions which are not always based on ideal models of service delivery." (p. 34)

"Where have all the PH (Physically Handicapped) teachers gone?" (p. 35)

2. Teachers must acquire specific competencies to effectively work with students with physical disabilities.

Teachers express a different focus on teacher competencies before and after credentialing. Precredential competencies include knowledge of diverse characteristics of students with physical disabilities, and instructional strategies, and classroom organization/management for multi-needs students.

Postcredential competencies include specialized technology, successful mainstreaming, learning activities and communication systems for nonspeaking students, interfacing special education with core curriculum, infectious disease prevention and practices, and specialized health needs.

"A multi-competency development program of study [is needed] for teachers of students with physical handicaps." (p. 35)

Model Profile

A district-wide program for students with physical disabilities provides an integration approach to academic and social education through a continuum of services for children from birth through high school in the sixth largest school district in the United States. Students are assessed by a multidisciplinary team, and may be recommended for one of several alternative education placements.

Infants are followed in a noncategorical home program emphasizing parental involvement and training. When they are 18-36 months old, they attend school two days per week in a program which focuses on family interaction and socialization skills. Preschool pupils are served in a noncategorical program, in various integrated preschool settings, or at a special education school site. This school contains special day classes for students with intensive needs and houses district-wide therapy services. Interaction between therapists and teachers is emphasized, with the IEP serving as a programmatic base. Efforts are made to integrate therapeutic interventions into the classroom to facilitate generalization of skills and maximize time use. Neighborhood children who do not have disabilities are "reverse mainstreamed" into preschool classes for three hours several times a week to provide positive peer interactions. In addition to a strong academic component, teachers provide training in daily living skills and communication adaptations for students. A wide variety of specialized equipment is available to facilitate independence, mobility, and academic achievement.

Six special day classes serve children attending the school in kindergarten through sixth grade. Each special day class is "partnered" with a general education class located in an adjoining room. Teachers team-teach in the content areas in an atmosphere where specific assistance readily is available. This model utilizes the services of teachers and instructional assistants on behalf of all children.

Throughout this program, the educational team works to determine the readiness of students in special day classes to move to neighborhood school sites. More students with physical disabilities are enrolled in their home schools than are assigned to special school sites.

A unique itinerant program supports inclusion of students with physical disabilities at all age levels. A transportation system is in place that enables students to attend any school in the district. The itinerant team, composed of a teacher, therapist, mobility specialist, and instructional assistant, meets with the parents and personnel of the receiving school to discuss the individual needs of the student. Campus accessibility and student mobility needs and solutions range from the addition of a handrail in a specific area to construction of a sidewalk curb cut and classroom space and structural modifications.

When appropriate, an instructional assistant is assigned to assist the classroom teacher with the physical needs of the student. Training of instructional assistants provides them with the competence necessary to provide the "link" needed by the student and general education classroom teacher for successful integration.

Itinerant team members provide ongoing consultation to school staff and parents to assist in the interpretation of the impact of the student's physical disability on academic outcomes and provide direct support through curriculum modification and use of technology innovations.

At the junior and senior high school levels, students who do not participate in the itinerant program are enrolled in a self-contained special education class at a specified school. Students with physical disabilities may enroll in general education classes and trained staff provide physical assistance and counseling. Computers and adaptive equipment are used extensively in the students' educational programs. Community-based instruction provides students with a curriculum associated with development of independent living skills and appropriate training for the work environment.

The commitment to providing a full range of services, combined with ongoing cooperation and communication among and between parents, students, and members of a multidisciplinary team of school-based personnel, has made education in the least restrictive environment successful for students with physical disabilities in this district. The range of available adaptations and school placements in environments best suited to meet their individually identified strengths and needs reflects the intent of IDEA and the ADA, which support equality of opportunity, full participation, and outcomes of independence and self-sufficiency.

One of the teachers characterized activities in her classroom in the following manner:

> I currently have a class of nine students, all of whom have augmentative communication and mobility needs. They need specific training in the use of computers, low-technology picture symbol boards, and high-technology

augmentative communication in order to be able to produce school work that reflects their ability. Interactions between the children in my class and the children in the first grade class next door include both academic and social activities. Children interact in small group activities and assist each other throughout the day, which was not possible when our special classes were more isolated. At the same time, however, the children have the benefit of a specially qualified teacher and staff to allow them to develop to the best of their ability.

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SPECIAL HEALTH CARE NEEDS

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Abstract

1. Students with special health care needs should receive instruction on the implementation and management of their particular special health care need within the context of their educational program, receive their education within the least restrictive environment of a general education program, and have the development of the plan for implementation of their special health care needs based upon a family-centered model.

2. Placement of children and youth requiring special health care procedures remains problematic.

3. A local education agency adopts promising practices when it (a) allows for collaborative planning, (b) provides sufficient training and monitoring of implementation of the procedures, and (c) supports the least restrictive placement in education.

4. Educational models that inhibit the desired outcomes are (a) segregated placement options, (b) a centralized system for the delivery of health-related services, and (c) the use of the school nurse or health care professional as direct service staff.

5. Congress can enhance the educational programs of children with special health care needs by recommending in its Committee Report that (a) the planning and implementation of special health care needs be done within the context of a family-centered approach, (b) the Nurse Practice Acts of individual states allow for the release of nursing skills to sufficiently trained personnel in the schools, and (c) teachers' unions encourage properly trained and monitored teachers to participate in the provision of special health care needs to children and youth within the educational setting as a part of the overall curriculum.

6. The improvement of IDEA's principle of the least restrictive environment could be facilitated by training programs, at both the preservice and in-service level, which

provide teachers with the knowledge and skills necessary to meet the needs of children and youth with a variety of special health care needs.

7. States could improve the education and inclusion of children and youth with special health care needs by (a) monitoring IEPs to include (i) the instruction of aspects of the health care procedures within the context of the educational program, (ii) the use of a family-centered model in IEP development, and (iii) the implementation of the IEP in an inclusive setting, (b) supporting the use of nurse practitioners as support persons to the overall educational program (rather than direct service providers), and (c) supporting the in-service training of teachers in the area of special health care procedures.

1. What outcomes within the categorical area of special health care needs are recognized as important for the student to obtain?

Students with special health care needs should (l) receive instruction on the implementation and management of their particular special health care need within the context of their educational program, (2) receive their education within the context of a full inclusion program, and (3) have the development of the plan for implementation of their special health care needs based upon a family-centered model.

The first important outcome addresses the need for the instructional program to be designed so the student will learn to be as independent as possible and to fully, or partially, participate with the administration of his or her particular health care procedures. Addressing both the education and health requirement of the student in the educational setting confirms the willingness of the teacher not to compartmentalize the student into the "medical part" and the "education part." The fact that a student has a gastrostomy or a tracheostomy adds to, rather than subtracts from, those aspects of the student's life that may be the content or occasion of instruction. Just as the teacher includes a student's visual or hearing impairment into the identification of the instructional goals and the development of methods for practicing the skill, a teacher must also take into consideration, for example, the student's need for bladder catheterization into the identification of skills the student needs to learn and the method used to practice those skills (Ault, Rues, & Graff, 1994).

The second important outcome is that students receive instruction within the context of an inclusive educational setting. Pediatricians and educators agree that students with special health care needs benefit from inclusion with their peers in regular educational settings (Nader, 1993; Peterson, Barber, & Ault, 1994). Teachers have long seemed willing to meet the needs of the child with special health care needs (Ault, Guess, Struth, & Thompson, 1988); unfortunately, they often attempt to meet these needs without proper training and support. Since teachers remain the primary person responsible for the implementation of special health care procedures in the classroom (Smith & Leatherby, 1992), the issue of training and support is crucial (Burbage, 1992; Nelson, Young, Maurer, & Burt, 1990; Peterson, Barber, & Ault, 1994).

The third desired outcome is that the program outlining the implementation of the special health care procedure be developed in cooperation with the family and other health care providers within the framework of a family-centered model (Shelton, Jeppson, & Johnson, 1992). The provision of special health care procedures must be done in a manner that is culturally sensitive and recognizes the needs and competence of the entire family.

2. To what extent have these outcomes been achieved in the last five years?

The placement of children with special health care needs continues to be problematic. Often children and youth are not allowed full access to typical settings frequented by their peers because staff are ill prepared to meet the students' special health care needs or because of a perceived need to provide a more centralized staffing pattern. There exist many examples of students experiencing limited access to inclusive settings: A mother feeds her child in the classroom at school because staff are not trained to respond to potential aspiration of food and liquids, a student receiving gastrostomy feedings is excluded from typical lunchroom routines, and children attend school for reduced hours because of the inability of staff to reposition correctly and adequately.

A recent study of 50 children and youth identified has having profound disabilities reports that those children with special health care needs tend to be place in segregated, rather than integrated, or inclusive, settings (Siegel-Causey, Rues, Harty, Roberts, Guess, & Ault, 1991). A survey of Iowa schools reported similar findings: 30 percent of children and youth receiving special health care procedures were placed in self-contained classes (Nelson et al., 1990). It may be assumed that the segregated placement is, in part, a function of the extent of the students' special health care needs and the lack of teachers trained in the provision of the procedures within inclusive settings.

Materials are constantly under development in order to provide training for educators dealing with the special health care needs of children. There is a variety of print material available providing direction for training, monitoring implementation of procedures, and safeguards (Graff, Ault, Guess, Taylor, & Thompson, 1990; Haynie, Porter, & Palfrey, 1989; Shelton, Jeppson, & Johnson, 1992; Smith & Leatherby, 1992). A number of videotapes are also available to assist the practitioner in identifying crucial aspects of some specific procedures such as clean intermittent catheterization, positioning and handling, infection control, and feeding strategies (Learner Managed Designs, 1992; Meyer Rehabilitation Institute, 1991 a&b). Unfortunately, these materials primarily present information or outline procedures; they do not offer systematic training or evaluate performance (Lehr & Macurdy, 1994). There is a current need for providing on-site training in the implementation of procedures.

The use of a family-centered approach to the provision of special health care needs is emerging as a model within schools (Graff & Ault, 1993), though its application is more established within medical settings (Leff & Walizer, 1992; Shelton, Jeppson, & Johnson, 1992). The model can be closely associated with the rights of parental participation guaranteed through IDEA. It is unclear, however, how the determination of what health care procedures will be implemented in the schools is made. The family and primary health care provider, as well as the school personnel, should be involved in determining the extent of treatment to be received as well as in training those persons involved in providing special health care within the school setting. While the courts have supported the provision of a variety of special health care procedures within the schools (*Department of Education, State of Hawaii*, v. *Dorr*, 1983; *Martinez* v. *School Board of Hillsborough County, Florida*, 1988) they have allowed districts to refuse to carry out procedures decided upon by a child's family and primary care physician (VanBiema, 1993; Younger, 1992). A family-centered approach, allowing for participation by all parties involved, should help address potential divisions between the child's health care team and the educational team.

3. What educational models/procedures are most effective for achieving these outcomes?

In order for teachers to be able to incorporate the student's special health care needs into the educational day within an inclusive setting, the school district must (1) allow for collaborative planning, (2) provide sufficient training and monitoring of implementation of the procedures, and (3) support an inclusive model of education.

Collaborative Planning

Collaborative planning for the provision of the student's special health care should occur between the family, special and regular education teachers, school nurse, related service providers, and the student's primary health care provider. Critical components to be identified within the context of the meeting are (l) how and when the special health care procedures will be incorporated into the educational day, (2) who will be the primary and back-up persons responsible for implementing the procedures and instructing the student in his or her participation, (3) who will provide the training and certification of these persons in the implementation of the procedures, (4) scheduling periodic assessments of the key persons' ability to implement the procedures: when and by whom, and (5) an emergency response plan. Additional information should include, for example, protocol, precautions, guidelines for implementation, and possible reactions (Ault, Rues, & Graff, 1994). These meetings should be conducted within the context of a collaborative model in order to ensure the sharing of information and the development of a plan that is complete, safe, and considers the needs of the family and the ability of the teachers (Rainforth, York, & Macdonald, 1992).

Training

Training for the provision of special health care should occur across three major levels (Ault, Graff, & Rues, 1993). There is a general body of knowledge and group of skills that all teachers must have in order to adequately meet the needs of all students. These include infection control, first-aid, and cardiopulmonary resuscitation. There is also a group of procedures that occur at a significantly high enough rate that teachers can be assured that the requirement for these procedures will be present in most, if not all, of the classrooms with which they are involved. These common health care procedures include, for example, seizure monitoring, medication administration, nutrition monitoring, and supplementation. Finally, there are low-incidence procedures that a teacher may or may not be expected to encounter during his or her career. These might include, for example, gastrostomy tube feeding, catheterization, suctioning, or shunt care. All teachers should receive preservice and continuous in-service training on the first category of health care procedures. Training on the other two types of procedures should be determined by their prevalence and be offered in a format that includes general as well as child-specific protocols. Training on child-specific procedures should include both the health care provider and family (Lehr & Macurdy, 1994). Procedures should follow established medical protocols, standard for each procedure. They should also, however, allow for the individual variances and preferences associated with the implementation of a procedure with each person. The family is the key source of information for individual variance. Routine checks on the competency of the educator to implement the procedures should be made by a certified health care provider.

Inclusive Educational Setting

The provision of services should be done within an inclusive educational setting. The American Academy of Pediatrics supports the presumption that children with special health care needs should participate with their peers in school settings (Nader, 1993). Technological advances in both medical procedures and equipment allow for the provision of special health care procedures in the home, community, and school. For example, technology allows automatic computer-based decision making on some care procedures versus decision making by an on-site nurse or physician (e.g., dosage levels for medications that can now be administered through technology devices). Some medical procedures have been so simplified by this technology that they can be handled on an outpatient basis, at home by traveling nurses, or by parents and other caregivers. With adequate training, monitoring of performance, and supervision, nonmedical personnel now can handle a variety of procedures formerly performed only by doctors and nurses (Hochstadt & Yost, 1991; Merkens, 1991). There is, therefore, no medical reason to support the provision of educational services to children with special health care needs in segregated settings.

4. What educational models/procedures most inhibit these outcomes?

Educational models that inhibit the desired outcomes are segregated placement options, a centralized system for the delivery of health-related services, and the use of the school nurse or health care professional as direct service staff.

Segregated Placement Options

Traditionally, educators were not responsible for working with students having chronic illnesses or complex medical needs, those requiring special health care procedures. Often these youngsters were regarded as too ill or too medically vulnerable, or the risk has been considered too great for them to participate in regular school or even special education programs. Consequently, these students were typically cared for by health care professionals or by their families in hospitals and in home settings. Often school districts developed centers for students with health care needs, centralizing the provision of nursing care within an educational setting. The segregated placement options continue to be maintained on the basis that children with special health care needs are too fragile, or their needs are too great, for them to be met in an inclusive education program. As stated above, however, there is now no medical reason for this exclusionary practice. A model that allows for teachers to be the providers of the majority of nursing procedures, supervised by health care professionals, would diffuse the need to centralize services.

Centralized System for the Delivery of Health-Related Services

Administrative models that contribute to the centralization of the provision of health care procedures reduce the likelihood that students will be placed in an inclusive setting and will receive their special health care procedures distributed within the context of their educational programs. If, for example, the health department of a school district is administratively separate from the education department, the provision of health care services will also be viewed as separate. As stated above, it is necessary not to compartmentalize the student into the "medical" part and the "education" part; rather, all the needs must be met within the context of an inclusive educational system.

The School Health Professional as Direct Service Staff

The practice of utilizing the school health professional as direct service staff reinforces the need for the centralization of service and administration. It has become increasingly clear, in both urban and rural areas, that there are not sufficient numbers of school nurses to directly meet the needs of children and youth requiring some form of special health care procedure. A model in which the school health professional provides support to the educator in the implementation of the special health care procedures within the context of the educational program allows for both the inclusion of the child in the educational setting and the instruction of the child in participation in the procedure (Ault, Graff, & Rues, 1993). The school health professional, preferably a nurse practitioner, is the person most qualified to arrange for training and provide support to the educational staff. The actual nursing skills can be released from a trained health care provider to educational personnel (Orelove & Sobsey, 1991). The role of the nurse practitioner is to continue to provide support and assistance with the student within the context of the regular education setting.

5. Provide two or three specific recommendations for action by Congress.

Congress can enhance the educational programs of children with special health care needs by recommending in its Committee Report that (1) the planning and implementation of special health care need be done within the context of a family-centered approach, (2) the Nurse Practice Acts of individual states allow for the release of nursing skills to sufficiently trained personnel in the schools, and (3) teachers' unions encourage properly trained and monitored teachers to participate in the provision of special health care needs to children and youth within the educational setting as a part of the overall curriculum.

Provide Family-Centered Care

The model of family-centered care for children with special health care needs has been under development in medical communities across the nation (Shelton, Jeppson, & Johnson, 1992). The implementation of this approach within the context of the educational setting is consistent with the overall assumptions of parent and family involvement under IDEA and recognizes the family's competence in meeting the child's needs. Specifically, the family should be involved in determining the extent of treatment to be received as well as in training those persons involved in providing special health care within the school setting. The extent to which a school district can decide how to participate in the provision of special health care needs is unclear. While the courts have supported the provision of a variety of special health care procedures within the typical educational program (*Department of Education, State of Hawaii*, v. *Dorr*, 1983; *Martinez* v. *School Board of Hillsborough County, Florida*, 1988) they have allowed districts to refuse to carry out procedures decided upon by a child's family and primary care physician (VanBiema, 1993; Younger, 1992). Congress could assist in diffusing these confrontations by encouraging districts to become a part of the family-centered process for the provision of special health care needs.

Restructure States' Nurse Practice Acts

Often the Nurse Practice Act, guidelines for the performance of nursing activities within a particular state, makes it difficult for nonnursing persons to perform nursing activities. The Nurse Practice Act specifically identifies what a school nurse may and may not do (Lehr & Noonan, 1989), but the actual effectiveness of these acts seems to vary. And in many cases school personnel seemed unaware that they were often in violation of state or district guidelines when implementing special health care procedures (Ault et al., 1988). The Kansas Nurse Practice Act, for example, specifically allows for the provision of nursing procedures by nonlicensed persons in the schools under the direction of a person licensed to practice (Kansas Public Health, Article 11, 65.1124.). The general assumption, as put forth in *Irving Independent School District* v. *Tatro*, 1984) is that if a parent can perform the procedure, then a trained person in the school could also perform the procedure. A congressional urging to broaden individual states' Nurse Practice Acts to allow for the provision of nursing procedures by nonnursing personnel under the direct supervision of licensed medical professionals would allow for the provision of special health care needs within the school setting.

Revise Teachers' Union Contracts to Include the Provision of Special Health Care Procedures

Union contracts in many school districts often dictate and limit who will implement special health care procedures (Lehr & Noonan, 1989). Some teacher contracts specifically state that teachers can, or cannot, participate in many activities related to overall health. These include activities as routine as toilet training to more complex procedures such as suctioning and emergency resuscitation procedures. These restrictions, it may be assumed, reflect a fear of the potential responsibility of providing interventions for which teachers are not trained. Congressional urging of unions to allow teachers, who are properly trained and supervised, to include instruction during the provision of special health care procedures will allow for the overall inclusion of children and youth with special needs.

It is important that Congress take a proactive position in recognizing that teachers are capable of implementing special health care procedures, that the acquisition of many of these skills is necessary for the health and safety of all children and youth, and that the provision of some special health care procedures can be an occasion for instruction. Unfortunately, a Joint Task Force for the Management of Children with Special Health Care Needs (1990) has taken a restrictive approach to identifying the person capable of implementing a range of procedures. This task force, composed of persons from the American Federation of Teachers, the Council for Exceptional Children, the National

Association of School Nurses, and the National Education Association, developed a matrix identifying who should have the responsibility for implementing which health care procedures (Lehr & Macurdy, 1994). The difficulty with this approach is that they based their designation upon roles rather than skills (Sobsey & Cox, 1991). For example, while teachers were allowed to perform oral feeding, only nurses could perform gastrostomy tube feeding. It is often the case, however, that oral feeding requires a great deal of knowledge and skill in positioning, handling, and facilitating, while tube feeding can be rather rudimentary. Although nurses may appear to be the logical persons to implement procedures, they are often not available nor do they have the skills necessary to implement low-incidence procedures (Ault, Rues, & Graff, 1994; Hester, Goodwin, & Igoe, 1980). The identification of persons responsible for the implementation of special health care procedures must be linked to training and continued monitoring of performance rather than specific persons with specific job descriptions.

6. Provide two or three specific recommendations for improving IDEA 's implementation through federally funded activities, including but not limited to monitoring technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

The improvement of IDEA in the inclusion of children with special health care needs in the regular education settings could be facilitated by training programs, at both the preservice and in-service levels, which provide teachers with the knowledge and skills necessary to meet the needs of children and youth with a variety of special health care needs.

Expand Preservice Personnel Preparation Programs

Funding of preservice personnel preparation programs should require the inclusion of competencies dealing with special health care needs. These may include, for example, knowledge on the prevalence of specific conditions and the role of the educator in meeting the student's special health care needs within the context of the educational program. The personnel training program should also provide for direct training in critical areas such as CPR, infection control, first aid, and medication administration. The preservice student should also have access to training in a number of specialized health care procedures, such as gastrostomy feeding, tracheostomy suctioning, or oxygen supplementation, in order to familiarize the student with the process of using nursing protocols and adaptations specific to individual students.

Encourage the Use of Multimedia in the Dissemination of Information

Many of the procedures requiring specialized training are accessed by teachers only if and when they are presented with a student having a particular need. Access to basic information and skill training, when it is needed, becomes critical. The Federal Government could assist in providing information "when needed" by funding strategies for providing information and training utilizing multimedia. One criticism of the vast amount of information currently available in the area of special health care is that this material provides information, not training (Lehr & Macurdy, 1994). The development of new CD-ROM technology, however, allows for the actual training and monitoring of teacher skills (Bashinski, Ault, & Guy, 1994). It is possible that nursing protocols can be taught utilizing CD-ROM technology. After general protocols are learned, training of specialized procedures for individual students can be completed with the cooperation of the family and students' primary health care provider. Teachers should also be able to access current state-of-the-art information concerning the application of specific health care procedures through Usernet Wide Newsgroups on the Internet dealing with these issues. The government could support teachers' access to information on special health care needs by specifically funding projects or organizations providing information utilizing multimedia strategies, CD-ROM, and the Internet.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local educational agencies.

States could improve the education and inclusion of children and youth with special health care needs by (1) monitoring their IEPs to include (a) the instruction of aspects of the health care procedures within the context of the educational program, (b) the use of a family-centered model in IEP development, and (c) the implementation of the IEP in an inclusive setting; (2) supporting the use of nurse practitioners as support persons to the overall educational program (rather than direct service providers); and, (3) supporting the in-service training of teachers in the area of special health care procedures.

Much of the impetus for innovative programs comes from the leadership of the state boards of education. The state has the capacity to lead the development of IEPs that reflect a family-centered approach to the provision of special health care procedures. In requiring that the IEP account for the instruction and implementation of special health care procedures within the context of an inclusive educational setting, the state can significantly affect the educational experience of a wide range of students. Requiring the provision of special health care procedures within the regular education context requires a decentralized administrative structure and fosters a cooperative relationship between the districts' health care professionals and the educational staff. Further incentives can address the issues of training, family involvement in a family-centered approach, role release, and the supportive relationship of the nurse practitioner to the classroom and building staff.

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Annotated Literature Abstract

Citation

Ault, M. M., Graff, G. C., & Rues, J. P. (1993). Special health care procedures and teaching. In M. Snell (Ed.), Systematic instruction of persons with severe disabilities (4th ed.). Columbus, OH: Merrill.

Abstract

The authors propose that teachers consider the provision of special health care needs as a part of the educational process. The presence of a health care need provides additional opportunities for instruction to teach the student to be as independent as possible in the implementation of the procedure (or to participate as possible). Sixteen special health care procedures are reviewed, ranging from CPR and infection control to gastrostomy tube feedings and tracheostomy suctioning. The reader is presented with general information about why this procedure is needed, basics of implementation, and descriptions of emergency situations. Resources for each procedures are also listed.

Key Points and Quotes

1. The need to integrate the provision of special health care procedures into the role of the educator.

"The process of establishing quality health care in the educational setting means a commitment to 1) incorporating the special health care needs of the student into the ongoing educational programming, and 2) actively preventing the development of related health problems or conditions. This commitment must be on the part of the instructional staff as well as the administrative personnel. The teacher, additional teaching staff, and related service personnel must be willing to attend to special health care procedures throughout the educational day as a component of the instructional process. The building principal, director of special education, and other administrative staff must be willing to support this commitment through the provision of necessary training, location of the classroom or instructional setting within the school building, and the availability of additional back-up support personnel." (p. 216)

2. A discussion of who should implement special health care procedures.

"This chapter contains descriptions of procedures and conditions which may be present with students who require special health care procedures. Within all the discussions no attempt has been made to identify who should be responsible for performing any of the procedures. We have emphasized that regardless of who is responsible, the teacher must be prepared, through training, to meet any emergency situation which may arise. The fact is that states, local districts, and even individual buildings are in the process of identifying if and how special health care needs will be met for individual students. Some of the major factors to address in the decision-making process are the current federal law mandating the provision of educational services, the nurse practice acts for individual states." (p. 229)

3. A discussion of teachers' expectations of the school nurse.

"...a school nurse should function as a member of a group of professionals who bring their expertise together to meet the needs of students. A teacher should not assume, however, that the school nurse will have the knowledge or skill to address all of the special health care procedures that are seen in the schools...but given the background and training, the school nurse is the most qualified member of the team to take a major role in identifying resources, training, and monitoring special health care procedures for individual students." (p. 244)

Annotated Literature Abstract

Citation

Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1992). Family centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children's Health.

Abstract

Elements of a family-centered care model for children with special health care needs are clearly presented. Although the model presented assumes a medical community, its applicability within the educational setting is readily apparent. The eight elements of the model are presented in an easy-to-read format, with many examples and quotes from families and professionals on how the process worked. The authors present each element in a format that first defines the implication of the component and then provide suggestions on the implementation. Additional sections of the manual include research, a suggested list of implementation checklists and a discussion of their use, and a list of resources.

Key Points and Quotes

1. *The definition of a family-centered care model for children with special health care needs.*

"Because the ultimate responsibility for managing a child's health, developmental, social, and emotional needs lies with the family, health care systems must enable families to function as primary decision makers, caregivers, teachers, and advocates for their children....As one mother of a child with special needs emphasized, 'I'm not just a member of the team, I'm the captain of the team.'" (p. 4)

2. *A delineation of the major difference between parents and professionals (read: any professional).*

"Perhaps the greatest barrier to the exchange of information between parents and professionals is what Robin Thomas (1986) has termed as a difference in 'paradigms.' In her interviews with families she became aware of a very real difference in the way health care providers (read: all professionals) see the world....The sharing of information between parents and professionals and among professionals is akin to sharing a fragile and precious commodity. The sharing must be carefully nurtured." (p. 15)

3. *The need for flexibility.*

"If anything can be anticipated in the life of a child with a chronic illness or disabling condition, it is that the child and his or her family will have a variety of needs that will require a myriad of services; that they will interact with hundreds of professionals; and that their needs will change over time. In order to serve these children appropriately, the health care system must be flexible, accessible, and responsive to family needs." (p. 45)

Model Profile

Jason was lucky. From his earliest preschool experiences Jason was able to learn, share experiences, and develop friendships with his peers. From birth, Jason participated in the Circle of Inclusion Project, an early childhood inclusion project jointly sponsored by The University of Kansas Department of Special Education and the Lawrence, Kansas, Public School, USD 497. After extensive infant intervention, Jason was enrolled in a Montessori preschool in his foster mom's neighborhood at age three. In spite of his inability to move independently, talk, or hold his head up for extended periods of time, Jason made many friends among his classmates because of his winning smile, engaging eyes, and his obvious enjoyment in sharing materials and activities with his classmates. Jason continued through preschool and kindergarten in this warm and accepting environment and thrived. Still unable to move independently, he held his head up for extended periods. His classmates learned to understand his requests and answers by following his eye gaze, interpreting his physical response, or waiting for his yes-no response. Jason was born with hydrocephalus and continued to receive medications to control seizures throughout his attendance at school.

At six years old, Jason was enrolled in first grade in New York Elementary School, his neighborhood school. This was the first time the regular education teacher had shared her classroom with a child having significant disabilities. With additional personnel to support inclusion from the school district and related service staff, the first year passed. Difficulties were addressed, and Jason continued to attend school with his peers through second grade.

During the summer Jason's shunt began to malfunction, and after a series of evaluations it became clear that it was impossible to correct the problem. Jason's head began to grow as the ventricles collected and retained cerebral spinal fluid. It became increasingly difficult for Jason to hold up or move his head to indicate yes-no. Though still very engaging, it was harder for him to interact for extended periods of time and he became tired more often.

After receiving information about Jason's condition, the principal and staff at New York School were very concerned about his ability to continue in the third grade. Their concern was for Jason's health and well-being, as well as for the needs of his classmates. It was clear that Jason's condition was terminal, and everyone was very apprehensive about enrolling a child in school who was going to die. Many questions arose, such as: How were they to deal with him, his family, his friends? Was it fair to bring a child into the school who would also bring such pain for everyone around him? Was it fair to the other children? Was it fair to Jason? The staff was also concerned about how to respond to his increasing medical needs, how to recognize when he was in pain, how to anticipate what would happen. Of particular concern was how to respond to his death. What should happen if he were to die at school? But once it became clear that it would be to Jason's benefit to continue to have him as a part of the class, as much as he could tolerate, efforts were made to provide the staff and students with the necessary information to deal with his changing condition and to prepare them for his death.

Jason began third grade, and the staff began to prepare for Jason's anticipated decline and death. The faculty and administration sought assistance from The University of Kansas Medical Center's Child Development Unit to identify what to expect and how to respond. Jason's family was also involved in determining his daily routines and decisions about his level of attendance. School district counselors participated with the staff and students on dealing with a failing child in the classroom. Jason did not finish the school year. He died at home with the support of a hospice program, and his friends planted a young tree in the playground during the spring in his memory.

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VISUAL IMPAIRMENTS

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Abstract

1. Individuals with visual impairments can manage their own lives as adults when their educational programs focus on the development of the academic competencies typically taught in schools and focus on, with equal emphasis, the development of the functional, disability-specific competencies required by persons with visual impairments in our society.

2. Outcomes related to school success appear to have been achieved for most students with visual impairments. Outcomes related to independent functioning outside of school environments have not been satisfactorily achieved for all students with visual impairments.

3. When the procedures for identification, assessment, determination of short- and long-range goals, placement, and service provision are carefully followed, as defined in IDEA, visually impaired students achieve independent outcomes more frequently. Positive student outcomes occur when (a) students receive comprehensive assessments, (b) a continuum of least restrictive placement options are available and considered for each student, and (c) individuals working with the students understand their unique learning style and disability-specific educational needs.

4. (a) Inadequate educational assessment, improper program planning, limited least restrictive placement options, and educational interventions that are not intense enough or that are determined by individuals unfamiliar with the learning style of students with visual impairments inhibit critical outcomes of these students. (b) "Full" inclusion, local control, and generic service delivery particularly negatively affect student outcomes.

5. Congress can promote the improvement of outcomes by (a) improving implementation of IDEA, (b) funding regional assessment and technical assistance centers, (c) increasing funding for personnel training, (d) authorizing demonstration projects that develop and further define models of best practice,

and (e) requiring publishers of educational materials to provide those materials in accessible formats, such as braille or computer disk.

6. OSERS can promote the improvement of outcomes by (a) reducing the emphasis on "full" inclusion when monitoring states for compliance and when establishing priorities for research and demonstration projects and (b) advocating for the establishment of a National Commission on the Education of Students with Visual Impairments.

7. State and local agencies can promote the improvement of outcomes by (a) employing at least one full-time state consultant in the area of visual impairment, (b) financially supporting in-service training for individuals providing services to blind and low-vision students, and (c) conducting comprehensive reviews of the quality of programs serving students with visual impairments.

1. What outcomes within the categorical area are recognized as important for students to obtain?

The population of students with visual impairments is extremely heterogeneous. This heterogeneity applies to many areas, including visual functioning, socioeconomic status, cultural background, age of onset of visual impairment, the presence of concomitant disabilities, and innate cognitive abilities. Some of these students are gifted or have special talents. A large number also have severe and multiple disabilities. Yet each student possesses an important common characteristic: the limited ability to learn incidentally from the environment. These students need direct, specialized instruction to achieve successful post-school outcomes.

For each student who is identified as blind or having low vision, the ultimate school outcomes relate to employment, independent living, economic and social self-sufficiency, and full participation in society. Unless special circumstances exist, individuals with visual impairments typically manage their own lives.

Effective management of a visually impaired person's life involves knowing (1) how to travel safely and efficiently in one's community, (2) how to access needed printed material in a timely way, (3) how to administer readers, drivers, and other paid assistants, (4) how to achieve an assertive and knowledgeable role when working with eye care and other medical professionals, (5) how to perform daily activities using adaptive techniques and equipment, (6) how to advocate for one's rights and responsibilities as a citizen, (7) how to establish and maintain significant relationships with one's friends, children, spouse, neighbors, and co-workers, and (8) how to acquire, maintain, and advance in a meaningful, appropriately challenging job.

For achievement of these disability-specific outcomes, knowledgeable, well-prepared specialists must carefully direct appropriate interventions.

2. To what extent have these outcomes been achieved in the last five years?

SRI's (Wagner, 1993) longitudinal study of special education outcomes revealed that the majority of students with visual impairments (57 percent) who had been out of school for 3-5 years had attended postsecondary school and almost half (46.4 percent) were living independently. These figures seem to support the conclusion that blind and low-vision students are achieving the school outcomes deemed important for successful adult life. More disturbing findings from the SRI study, however, dispute this conclusion. Individuals with visual impairments were among the adults most socially isolated and least likely to be employed (61.5 percent had never been employed).

Thoughtful educators of blind and low-vision students are concerned that, while these students receive the academic supports necessary to master the established core curriculum, their unique educational needs are not adequately addressed. Consequently, mastery of disability-specific outcomes is limited. Too many of these students leave school unprepared to function independently in vocational and community environments.

During the last five years, educators of pupils with visual impairments have focused on the negative impact on their students of three prevailing trends within special education: generic service provision, local control, and "full inclusion." These trends surfaced just when these educators were realizing that the past 30 years' experiences of integrating students with visual impairments in general education classrooms had not produced desired outcomes often enough. Achievement of disability-specific outcomes requires frequent, direct instruction by educators knowledgeable of the unique learning styles of these students, often using materials specifically designed for them. Responding to trends that limit direct involvement by specialists has interfered with the development of effective models of best practice for this population.

3. What educational models/procedures are most effective for achieving these outcomes?

The most effective model for achieving the outcomes necessary for full participation in society by blind and low-vision adults is defined in IDEA. Appropriate and desirable outcomes are achieved (1) when students with visual impairments are identified immediately, (2) when students undergo regular, comprehensive assessments conducted by individuals knowledgeable of the impact of visual impairment on learning and development, (3) when IEP team members work together to prioritize short- and long-term educational goals (based on needs identified by the comprehensive assessment), (4) when a continuum of placement options is available, (5) when placement decisions are made by knowledgeable parents and educational personnel who make informed decisions that consider the needs of the students and the educational setting that best meets those needs, and (6) when interventions are coordinated and/or provided by individuals knowledgeable of the impact of visual impairment on learning and who have enough time available to meet students' identified needs. Each of these six components, provided in the order described, is essential for appropriate programming for students with visual impairments.

Because of the heterogeneity of the population of students with visual impairments, the needs of individual students are diverse. Needs are determined only through a comprehensive assessment, which involves a thorough evaluation of a student's visual functioning, concept acquisition, academic achievement, use of communication devices, sensory motor skills, orientation and mobility skills, social/emotional skills, daily living skills, and career/vocational development. For most students with visual impairment, minimal assessment team members include the parent, low-vision specialist, school psychologist, orientation and mobility specialist, speech and language pathologist, and a teacher prepared in the area of visual impairment. Consultation with other specialists occurs when the student manifests concomitant disabilities. For reliable findings, all assessment personnel must be familiar with the impact of visual impairment on learning and work collaboratively to determine students' current level of functioning and needs.

Since the needs of blind and low-vision students are diverse, the educational environments designed to meet student needs vary. IDEA appropriately defines the continuum of placement options. Educators of students with visual impairments support the notion that for each student at any particular point in time, a placement that best meets that student's needs exists. These educators believe that other placements may better suit that child's needs at another point in time. They view all placement options as being of equal value and consider all placements that facilitate optimum learning, regardless of their proximity to the general education classroom or neighborhood school, as being "least restrictive." Each setting has the potential to "restrict learning" for a particular child at a specific time.

Scientists estimate that vision accounts for up to 90 percent of what a seeing child learns about the world in academic, social, and functional skill areas. Since visual input is absent or unreliable, most students with visual impairments require direct, intensive instruction in natural environments to achieve desired outcomes. The individuals coordinating programs and providing educational interventions to blind and low-vision students must understand the educational needs of these youngsters and their unique learning styles, which are unlike the learning styles of any other student population. To be effective, instructors work individually with students to develop the competencies of the disability-specific curriculum and facilitate access to the general core curriculum. This kind of instruction requires small case loads.

4. What educational models/procedures most inhibit these outcomes?

Theoretically, blind and low-vision students are limited in the acquisition of critical outcomes of independent functioning only by the presence of intellectual impairments. In reality, inadequate educational assessment, program planning, placement, and interventions frequently inhibit development of students' full potential. Because visually impaired students often participate competitively in general education classes, uninformed educators, administrators, and parents assume that all of the students' educational needs are being met. Many of these pupils, however, exit school unprepared to function effectively in home, vocational, and community settings.

The model necessary for achieving the desired outcomes for students with visual impairments breaks down at several key points in its typical application. Newly identified or existing students seldom receive comprehensive assessments conducted by individuals knowledgeable of the impact of visual impairment on learning and development. In fact, comprehensive assessments that involve evaluation of each of the areas of potential unique need rarely occur. Assessors generally evaluate only visual functioning, intellectual potential, and academic achievement. IEP teams then place students in whatever general or special educational placement most closely matches the child's apparent intellectual level. Based on this placement, the specialist teacher of the visually impaired determines the level of support that the student requires, and, depending on the number of students carried on the teacher's case load, attempts to provide that support.

This sequence differs considerably from the ideal model established in IDEA. The variation results, in part, from convenience and lack of money, but also from the historical role of teachers of visually impaired children.

When parents and educators developed inclusive educational programs for blind and low-vision students in the 1950s, these pupils' special education teachers focused on facilitating access to the general education curriculum. Teachers almost exclusively directed their activities toward academic support of students. While some direct instruction was provided in disability-specific areas, such as braille reading, most specialist teachers viewed their primary role as support of students' general education teachers. It was not until the mid-1970s, when the first generation of students who had been educated in these settings exited school, that educators realized that inclusion of these students had not been sufficient to produce independent, productive citizens. An overemphasis on academics and disregard for the disability-specific curriculum had led to poor student outcomes.

In the nearly two decades since, thoughtful educators of students with visual impairments have redefined their role to include both academic support of students and direct instruction in disability-specific areas. Mastery of the disability-specific curricula, however, often requires that students receive some of their educational services in specialized environments. It also reduces the amount of time available for teachers to academically support students—frequently the role that creates the most immediate, difficult-to-postpone demands on teachers. As a result, a large number of specialist teachers have not embraced their two-pronged role, have not educated parents and administrators of students' disability-specific needs, and have accepted expanded case loads that preclude the provision of direct services beyond the interventions needed to facilitate students' success in general education.

Innovative teachers attempting to provide disability-specific interventions are inhibited further by the current emphasis on "full inclusion," local control, and the resultant elimination of available special placements in many school districts. Without support from knowledgeable administrators and committed colleagues, these innovators have experienced limited success.

5. Provide two or three specific recommendations for action by Congress.

Congress should promote the improvement of outcomes of students with visual impairments in five different ways.

Improving IDEA's Implementation

Visually impaired students benefit when attention is focused on the mandates of Parts B and H of IDEA. IDEA provides a valuable framework for comprehensive assessment, identification of student needs, determination of placement, and provision of services that lead to desired long-term outcomes. IDEA's inappropriate implementation results in inadequate services that cannot produce effective outcomes in academic and functional areas.

Of particular importance is the need to maintain a full continuum of placement options for students with visual impairments. Because these pupils have difficulty learning through observation, modeling, and imitation, they often require placement in specialized environments for part or all of the school day. In these specialized environments, students master disability-specific skills that can be immediately applied in more inclusive settings.

Funding Regional Resource Centers

Visual impairment is a low-prevalence disability. Few local education agencies have the funds to employ individuals with expertise in assessing and planning effective interventions with blind and low-vision pupils. As a result, local education agencies cannot appropriately educate parents and other staff members about the needs of visually impaired students and cannot conduct valid comprehensive assessments.

Regional resource centers should be funded through amendment of Subchapter III to conduct comprehensive assessments, provide technical assistance on program planning, and promote the education of parents, administrators, and other educational specialists of the unique needs of this population of learners.

Authorizing Additional Grants for Training Personnel

Shortages of trained personnel continue to exist in the area of visual impairment. Congress should authorize additional priorities for funding of both undergraduate and graduate level training programs in the education of visually impaired students and orientation and mobility through amendment of Subchapter IV. In addition, Congress should require that funded programs offer courses that specifically teach prospective educators how to assess and meet students' disability-specific needs in the areas of daily living skills, career development, and social-emotional skills. Such a requirement may require that a greater percentage of the grant award be spent on faculty to teach these courses and a correspondingly reduced amount be devoted to student support.

Authorizing Research and Demonstration Programs

Very little is definitively known about the characteristics shared by individuals with visual impairment who achieve successful post-school outcomes. What elements of their past, including early developmental patterns, educational interventions, and available emotional support, contributed to their success? How can these elements be more effectively provided to all children with visual impairments and their families? Congress should amend Subchapter V to authorize and fund research and demonstration projects to explore these and other questions that would more clearly define the model interventions that are associated with successful post-school outcomes.

Requiring Textbook Publishers To Provide Accessible Material

Blind and low-vision students experience considerable difficulty when attempting to access textbooks, educational media, and other learning materials. Subchapter VII should be amended to require publishers of educational materials to meaningfully adapt media for students with visual impairments and to make possible the easy acquisition of printed material in accessible formats, such as braille, large print, or computer disk. Local and national efforts to encourage publishers to voluntarily comply with such requests have experienced limited success. Action by Congress may be the only feasible solution to this significant problem.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

In an effort to improve the outcomes of students with visual impairments, OSERS can revise its federal monitoring guidelines and priorities for "full inclusion" based research for all disability groups and appropriate funds for the establishment of a National Commission on the Education of Students with Visual Impairments.

Revising Federal Monitoring Guidelines and Research Priorities

Federal monitoring of states involves, in part, a determination of the extent to which local education agencies are providing educational services "in the least restrictive environment." Evaluators determine compliance with this mandate by considering the numbers of students with disabilities served in various placements. States are found out of compliance when it is judged that too few students are served in general education settings.

This method of measuring compliance with the least restrictive environment mandate disregards the critical role of assessment of educational need when making placement decisions, as prescribed by IDEA. Moreover, the monitoring message that state educational agencies and local education agencies hear is that any student who is placed in a general education classroom is appropriately served and that the placement need not be further justified. This message corresponds with the themes supported by OSERS' research and demonstration grant priorities that focus only on projects that involve inclusive educational settings, regardless of disability served.

It should be recalled that educators of visually impaired students pioneered inclusion of students in general education classes. Since the 1960s, the majority of blind and low-vision students have received most of their educational services in general education classes, either at their neighborhood school (the itinerant model) or at a magnet school (the resource room model). Specialist teachers removed students from their neighborhood or magnet school classes as necessary for specialized instruction. With evidence of the failure of many students who received services under these models to become fully included in society as adults, educators determined that some students may require more intensive, direct services than had been provided.

Unfortunately, the emphasis on full inclusion and the federal monitoring procedures with regards to the least restrictive environment mandate have negatively impacted the availability of a full continuum of placement options for students with visual impairments. Nervous local education agency administrators and state educational agency policy-makers anxious to "ride the latest wave" have closed resource rooms and reduced or eliminated itinerant services in favor of a consultative approach. While some students benefit from purely consultative services, other visually impaired learners suffer as their disability-specific needs go unmet.

OSERS should devise more appropriate methods for determining compliance with IDEA's mandate to appropriately serve students based on their needs, as identified through comprehensive assessment. Similarly, OSERS should announce funding priorities for research and demonstration projects that seek to identify best practices that focus on *inclusive outcomes*, as opposed to inclusive instructional settings; these priorities would generate more interest among researchers interested in students with visual impairment.

Establishing a National Commission on Education of Visually Impaired Students

Several years ago, Congress appropriated funds to support the establishment of the National Commission on the Education of the Deaf. This Commission held nationwide hearings in an effort to determine the status of services to deaf and hearing-impaired pupils and to set priorities for improving those services. The Commission's widely respected and acclaimed report influenced the direction of education of deaf children throughout the country. It focused service providers' attention on the post-school outcomes of deaf students and facilitated effective communication among individuals who held disparate views about the appropriate approach for teaching these youngsters.

Because of the lack among professionals of a unified acceptance of the role of teachers of visually impaired students, and consequently, a lack of direction regarding improvement of the outcomes of students served by these professionals, Congress should include language in its report directing OSERS to fund the establishment of a National Commission on the Education of Students with Visual Impairments. Anticipated outcomes of this Commission would include a statement related to the educational needs of visually impaired learners and the unique competencies of the teachers who serve them.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies can improve IDEA's implementation by (a) employing at least one full-time state consultant in the area of visual impairment, (b) financially supporting in-service training for, or conference attendance by, teachers of visually impaired students and orientation and mobility specialists, and (c) conducting comprehensive reviews of programs serving visually impaired students, using published standards.

Employing Categorical Consultants

To assure the free appropriate public education of all visually impaired students, each state should employ at least one full-time state education consultant whose primary duties include advocating for quality program standards, providing leadership to teachers, conducting in-service and parent training, advising personnel preparation programs, and representing the interests of this low-prevalence population at the state and national policymaking level. Without such disability-specific leadership, local education agencies cannot keep informed of the current professional trends influencing quality outcomes of students with visual impairments.

Supporting In-service Opportunities for Specialist Teachers

Also related to the low prevalence of students with disabilities is the limited number of professionals who serve these individuals. Except in very populated areas, teachers of visually impaired students and orientation and mobility specialists work for local education agencies where they are the only such specialist employed. These specialists report feeling isolated from their profession. They often lack the opportunity to confer with colleagues in their chosen field about students' complex problems, effective instructional techniques, and the stress related to providing services to students with wide-ranging abilities and needs. For many of these teachers, in-service programs offered by the local education agencies to meet teachers' needs for updating and improving skills are irrelevant to their case load.

These specialists benefit from attending state and regional conferences attended by their colleagues, where state-of-the-art technology is displayed, where innovative practices and research are introduced, and where peers discuss the common issues facing them in their work. State and local education agencies could financially support specialists' attendance at conferences or appropriate in-service meetings by reserving a portion of the funds provided through the Comprehensive System of Personnel Development (CSPD) for this purpose.

Securing Comprehensive Reviews of Programs Serving Visually Impaired Students

National guidelines for programs serving visually impaired students exist (Hazekamp & Huebner, 1989). These guidelines incorporate 17 standards that describe criteria of quality programs that can be utilized for monitoring purposes. Standards relate to the effectiveness of programs in identifying and assessing unique educational needs, planning and providing instruction and services, and organizing and supporting instruction and services.

State education agencies should facilitate the development of quality programs for students with visual impairments by requiring that local education agencies conduct regular self-reviews of their program. These self-reviews could be followed by an on-site validation review by an independent team of observers. Reviews would not focus on compliance with timelines or legal mandates but rather with the implementation of quality services and the resulting student outcomes. Individuals involved in the program could establish long- and short-range plans for improving program quality based on the findings of the self- and validation reviews. Conducting such reviews on a regular basis would assure that local education agencies responded immediately to the changing needs of the population being served.

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Annotated Literature Abstract

Citation

Hazekamp, J., & Huebner, K. M. (Eds.). (1989). Program planning and evaluation for blind and visually impaired students: National guidelines for educational excellence. New York: American Foundation for the Blind.

Abstract

Guidelines include standards and detailed criteria for programs serving visually impaired students. The program planning framework describes and provides a rationale for the multiplicity of specialized skills that blind and low-vision students need to learn and that are unique to them because of their sensory loss or limitation. It also explains and justifies the multiplicity of specialized skills needed by teachers who work with these students. Appendices include resources for technical assistance and funding, position papers on the role and function of the teacher of the visually impaired, the role and responsibility of the state education consultant for the visually impaired, a statement of the ethical requirements related to serving blind and low-vision pupils, and legal requirements.

Key Points and Quotes

1. The least restrictive environment for each student with a visual impairment varies according to the assessed needs of the student.

"The least restrictive environment as defined in P.L. 94-142 may vary for each student with the intensity of the student's needs....Students with needs that require intensive specialized instruction and services should be placed where these can be provided. Placing a student in an integrated setting where he or she does not have the skills or the necessary services to achieve and adapt in this setting can actually be more restrictive to the student. However, visually impaired students who have the necessary skills and services should be placed with nondisabled students to the maximum extent appropriate. But placement in an integrated setting does not mean the student is automatically integrated into the environment....In making the important placement decision, the IEP team should be creative...." (p. 32)

2. Instruction and services provided to students with visual impairments must be planned and coordinated to meet their needs; local control of these programs may be inadequate.

"The concept of regionalization is particularly important for programs serving visually impaired students because these students constitute a low-incidence or low-prevalence group that is small in size and spans a wide range of ages. New programs for visually impaired students should be planned and existing programs modified so that instruction and services necessary to meet these students' varied and unique educational needs, including the provision of essential materials and equipment, can be delivered through coordinated administrative services on a regional basis." (p. 31)

Annotated Literature Abstract

Citation

Hatlen, P. H., & Curry, S. A. (1987). In support of specialized programs for blind and visually impaired children: The impact of vision loss on learning. Journal of Visual Impairment and Blindness, 81, 7-13.

Abstract

The authors divide the learning needs of blind and low-vision children into three categories: needs that are met by adapting the curriculum, needs that are met by changes in methodology, and developmental and educational needs that are unique to these learners. To fulfill the needs in each category, it is essential that instruction be provided by special teachers of the visually impaired who are knowledgeable of the effects of the loss of vision on learning, trained in effective methods of adaptation and remediation, and sensitized to the emotional needs of this population.

Key Points and Quotes

1. Children with visual impairment experience the world and learn in different ways than do their sighted peers.

"If these children are to develop competence and confidence and learn the same material as their sighted peers, it must be recognized that they learn differently, and their experiential deprivations must be compensated for. They cannot observe how the world around them is organized, cannot visually model others' actions, cannot get visual feedback on their actions, and cannot visually generalize from one situation to another. Thus, they need to have materials and the methods by which they are taught adapted and to learn skills specific to their functioning. Because they will not automatically acquire the skills of living, traveling, working, communicating, and socializing from casual experiences and their observations of others, they must be taught these skills in carefully planned, developmentally sequenced programs directed by people who are knowledgeable about the effects of the loss of vision on learning and development." (pp. 12-13)

2. The long-term outcomes of students must not be forgotten in the development of appropriate interventions.

"The challenge for teachers in our field is to not lose sight of the ultimate goal of the education of blind and visually impaired children: the facilitation of healthy growth toward adulthood. If some students are not succeeding in integrated programs, the benefits of their placement should be reevaluated and more effective alternatives should be developed. Furthermore, the different learning styles and unique educational needs of these children should be addressed in our educational programs." (p. 13)

In October 1989, Curry and Hatlen reported on their evaluation of the quality and effectiveness of programs provided to students with low-incidence disabilities in California public schools. They identified the combination of administrators, program specialists, and service providers who understand the potential unique educational needs of these students as being the most powerful determinant of program quality. They recommended that the State of California explore regionalization of services to overcome the barriers presented by limited financial and personnel resources in order to achieve better student outcomes (Curry and Hatlen, 1989).

Acting on this recommendation, the California legislature appropriated funds for pilot regionalization projects in 1991. Special Education Local Plan Areas (SELPAs) designed regional models based on their local needs and submitted applications for funding. The state educational agency awarded one of the $40,000 grants to the proposal submitted by the seven SELPAs in Santa Clara County for their SCORE Project (Santa Clara Valley Opens Regionalized Education). Previously, these SELPAs had worked parallel to and independently of one another. At the onset of the project, the total special education enrollment in Santa Clara County schools approached 25,000 students. Twenty-one specialist teachers served 166 blind and low-vision students in the seven SELPAs.

In planning for the proposal, each of the SELPAs conducted a thorough self-review based upon the Program Guidelines for Visually Impaired Students (California State Department of Education, 1987). Teachers, parents, program specialists, and administrators from each SELPA met to share self-review results and develop a comprehensive plan to meet the following identified needs: (a) to provide a full range of program options for all students; (b) to increase expertise of assessment team members in the disability-specific needs of visually impaired students; (c) to develop a parent training program; (d) to provide for staff development; and (e) to develop disability-specific curricula in needed areas.

With three years of level funding, the SCORE project permanently transformed services to visually impaired students in Santa Clara County. A countywide survey of all schools, agencies, and families identified the residence of every known student, from birth to 21 years of age. Current resource room locations and all student residences were pinpointed on a map and, in consultation with the seven SELPAs' transportation directors, the location of potential resource rooms was identified. The committee recommended that a new resource room be established in the north-central area of the county and the relocation of the southernmost resource room. Currently, all students with visual impairments in the county can readily be transported to, and receive services from, a resource room. Itinerant services and residential placement at the California School for the Blind also are available and considered, when appropriate, for every student.

To improve assessment skills, the SCORE team contracted with the California School for the Blind Statewide Assessment Team to provide an all-day workshop for 22 staff members, among whom were school psychologists, speech and language pathologists, teachers of visually impaired students, orientation and mobility specialists, and adapted physical education specialists. Two members from each of these categories returned for a week to receive more intensive training in the assessment of visually impaired students. SCORE paid a stipend to these volunteers, whose local districts agreed to provide release time when necessary to conduct interdisciplinary assessments of students with uncertain needs within the region.

After surveying parents regarding their training needs, the SCORE team conducted four parent workshops during the second year and three workshops during the third year of the project's implementation. Parents also participated in the in-service training workshop offered to teachers in the region and were welcomed at the regional meetings of the teachers.

The SCORE project provided funding for implementing a strong staff development program. Staff indicated that the best use of these monies would be to support travel and registration costs for attendance at statewide conferences related to the education of students with visual impairments. Regular meetings of teachers and parents facilitated communication and resulted in plans for piloting partnership teaching among interested individuals. Because of the lack of appropriate instructional materials, SCORE contracted with Dr. Sharon Sacks, from San Jose State University, to assist team members with the development of curricula in the areas of social skills and personal management for independent living. The grant paid for the participation of team members as they pooled their expertise to develop documents that have been requested by teachers nationwide.

Regionalization of services to students with visual impairments in Santa Clara County resulted in the significant improvement of those services. Enthusiastic cooperation and open communication among team members succeeded in the establishment of the full range of program options for all students, assessment teams trained to identify the disability-specific needs of visually impaired learners, improved partnerships with parents, empowered and trained staff, and the development of new curricula. The region accomplished what each local SELPA could not: achievement of the high standards of quality and effectiveness that are believed to lead to improved student outcomes.

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HEARING IMPAIRMENTS

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Abstract

1. Students who are deaf or hard of hearing should achieve the same educational outcomes and civil rights protection as individuals who do not have a hearing loss. Those include post-secondary education, vocational training, independent living skills, and economic and social self-sufficiency without discrimination. Achieving skills in two languages (e.g., American Sign Language and English) and the ability to interact with two cultures (e.g., deaf and hearing) are essential so individuals who are deaf or hard of hearing can move freely within and between two different communities.

2. Though there have been improvements in the educational outcomes for students who are deaf or hard of hearing over the past five years, they have not reached a satisfactory level.

3. (a) All students who are deaf or hard of hearing have unique needs that are directly or indirectly related to communication and language development. (b) In addition, the quality of a student's education is only as good as the available personnel. (c) Finally, effective programs for students who are deaf or hard of hearing provide a wide range of services and educational opportunities.

4. The predetermination of services or a specific placement, whether based on ideology or the preferred use of existing resources, inhibits students from achieving the desired outcomes.

5. Congress should (a) fund research that focuses on reducing the average age at which children with hearing loss are identified to no more than six months of age; (b) fund projects that identify ways to increase the abilities of family members to communicate with their children who are deaf or hard of hearing; and (c) change funding formulas from those that provide funds for the number of students who are deaf or hard of hearing who are served to reimbursement for the number of individuals (e.g., students, family members, general education teachers, administrators, speech and language therapists) served.

6. OSERS should provide money to (a) recruit and prepare professionals from diverse ethnic and linguistic backgrounds, (b) recruit and prepare professionals generally, and (c) conduct research and training on how deaf education professionals can better collaborate as members of multidisciplinary teams and consultants.

7. State and local education agencies should (a) increase the provision of appropriate services, (b) facilitate collaborations, and (c) develop communication policies and skill evaluations for teachers and staff.

1. What outcomes are recognized as important for students who are deaf or hard of hearing to obtain?

In general, education for students who are deaf or hard of hearing should strive to achieve the same educational outcomes and civil rights protection that are provided for individuals who do not have a hearing loss. Those include post-school activities such as post-secondary education, vocational training, independent living skills, as well as economic and social self-sufficiency without discrimination. Specifically, students who are deaf or hard of hearing should achieve the following outcomes upon completing their secondary education program (Frey, Jakwerth, Lynch, & Purcell, 1993):

Basic Academics

* Complete local minimum general education graduation requirements.

Communication and English Language Competence

* Express themselves effectively in nonwritten communicative interactions.

* Construct meaning from the nonwritten language used by others.

* Express themselves effectively when communicating through written language.

* Construct meaning from the written language used by others.

Personal Productivity

- Proceed toward fulfillment of career, independent living, and other life pursuits.
- Use community resources and services effectively.

Social and Personal Effectiveness

- Work effectively to build relationships.
- Proceed effectively in social situations and settings.
- Manage personal challenges and decisions with responsibility and persistence.

In addition, the development of skills that enable individuals who are deaf or hard of hearing to become bilingual/bicultural members of society are essential (e.g., Christensen & Delgado, 1993; Luetke-Stahlman & Luckner, 1991; Padden & Humphries, 1988). Achieving skills in two languages (e.g., American Sign Language and English) and the ability to interact with two cultures (e.g., deaf and hearing) permit individuals who are deaf or hard of hearing to move freely within and between two different communities.

2. To what extent have these outcomes been achieved in the last five years?

In contrast to youth in general education settings and other students with disabilities, students who are deaf or hard of hearing are significantly more successful at completing high school (Wagner, 1991). It was reported in the 1991-92 Annual Survey of Students Who Are Deaf or Hard of Hearing (Schildroth & Hotto, 1993) that 65 percent of the students graduated with a diploma, 23 percent received a certificate, and 12 percent dropped out. However, Holt (1993) reported a lag in the reading achievement of students who are deaf and hard of hearing, with a median grade equivalent of 4.5 for reading comprehension at the time students leave high school. Despite this low level of achievement, students with hearing loss as a group appear to have achieved at higher levels over the last decade when it was reported that students who are deaf or hard of hearing had a median grade level range of 2.9 to 3.2 for reading comprehension (Allen, 1986).

During the academic year 1992-1993, an estimated 20,040 students who are deaf or hard of hearing were enrolled in two-year and four-year post-secondary education institutions. This is an increase of approximately 3,000 students since academic year 1989-90 (U.S. Department of Education, 1994). While this is a promising statistic, research suggests that between 40 percent and 50 percent drop out of college prior to receiving a degree. Those who do complete a post-secondary program are most often awarded degrees at the two-year level (Schroedel & Watson, 1991).

Research on what happens to individuals who are deaf or hard of hearing after they leave their educational program is mixed. Bullis, Bull, Johnson, Johnson, and Kittrell (1990) reported the results of a comprehensive school-to-community transition study conducted in the northwest portion of the United States. They noted that individuals who are deaf or hard of hearing are less likely to be involved in productive activities, such as work or school, are more depressed, and have fewer friends than their hearing peers. However, members of the National Longitudinal Transition Study of Special Education Students reported that youth who are deaf or hard of hearing were engaged in productive educational or work activity outside the home between one and two years after leaving secondary school at comparatively high rates (83 percent and 86.7 percent, respectively) as compared with other disability groups (Jay, 1991) and that parents indicated that social isolation existed for only 14.3 percent of deaf students and 15.6 percent of hard of hearing students (Newman, 1991).

With regard to work, a national follow-up study reported by Macleod-Gallinger (1992) found that one year after graduation 53 percent of the respondents were unemployed. However, by 10 years after graduation the picture improved considerably, with almost 81 percent of the respondents who were deaf or hard of hearing reporting that they were employed. While a positive increase in employment from year one to year 10 after high school graduation existed, a significant difference between the 7 percent unemployment rate of the hearing population and the 19 percent reported by Macleod-Gallinger (1992) persists.

Workers who are deaf or hard of hearing are employed more often in blue collar jobs than their hearing peers. They receive fewer promotions and as a result, 10 years after high school graduation, they have an occupational profile that is similar to hearing workers in their early years of employment (Macleod-Gallinger, 1992). These reflect the continued problems with underemployment for workers who are deaf or hard of hearing (Vernon & Andrews, 1990). Similarly, workers who are deaf or hard of hearing earn significantly less than their same-age hearing cohorts. This trend is true for those individuals who are out of high school one year as well as those who graduated 10 years earlier (Macleod-Gallinger, 1992).

3. What educational models/ procedures are most effective for achieving these outcomes?

Unfortunately, there is no single answer to the question because of the growing diversity of students attending schools today and the heterogeneity of the population of students who are deaf or hard of hearing. Yet, all students who are deaf or hard of hearing have unique needs that multidisciplinary team members should carefully consider when determining appropriate educational services and placement for a student. An effective educational program for students who are deaf or hard of hearing considers the following factors (NASDSE, 1994):

1. the student's communication and language abilities;
2. the student's academic and developmental level and needs;
3. the preference of the student and the family;
4. the degree of the student's hearing loss and his or her ability to make use of residual hearing;
5. quality of interpreting services and the student's ability to use them;
6. the potential for the student's appropriate social and emotional development;
7. the availability of a sufficient number of age-appropriate peers who are deaf or hard of hearing;
8. the opportunity for bilingual and bicultural development;
9. opportunities for direct (i.e., without the use of an interpreter or other support personnel) communication with teachers;
10. the qualifications and communication competencies of personnel;

11. access to pupil personnel services staffed by individuals knowledgeable of the needs of students who are deaf or hard of hearing;
12. the availability and accessibility to extracurricular activities; and
13. the availability of needed technology.

Each of these areas represents a critical factor in the determination of the provision of appropriate services and placement. Concomitantly, the quality of a student's education is only as good as the personnel who perform assessments, develop the individualized educational plan (IEP), provide services, and supervise the program. The need for qualified teachers of deaf and hard of hearing students, supervisors, and support services (i.e., school counselor, teacher's aide, audiologist, interpreter, speech therapist) who have training and experience in the area of deafness is directly related to student outcomes.

Finally, effective programs for students who are deaf or hard of hearing provide a wide range of services and educational opportunities. Those programs that cannot provide an array of services and options because of low enrollment (e.g., schools in rural settings) regionalize their services with other districts in order to meet the individual needs of students.

4. What educational models/procedures most inhibit these outcomes?

Hearing loss results in significant and unique educational needs for students. Establishing appropriate educational programs for these students is a complex task, requiring the sorting out of the multiple factors previously noted. The predetermination of services or a specific placement, whether based on ideology or the preferred use of existing resources, is inappropriate and potentially harmful to the student.

Deafness and hearing loss present an enigma to educators, both general and special, because of the complexity of the problems associated with developing language and communication skills. As a result, significant differences of opinion exist over what constitutes best practices and best policies for providing appropriate educational services for students who are deaf or hard of hearing. This debate is compounded by the facts that compelling evidence, based on generalizable research, is not readily available and all too often policies and decisions are made based on emotional, rather than empirical, grounds.

Schildroth (1988) reported that (a) 4,412 schools had only one deaf student enrolled in the entire school; (b) 1,372 schools had only two deaf students enrolled in the entire school; and (c) 628 schools had only three deaf students enrolled in the entire school. Because deafness is a low-incidence disability, there is no widespread understanding of its educational implications. Given the complexity of providing appropriate services for students who are deaf or hard of hearing and the need for qualified personnel to provide and/or consult about those services, it is questionable whether each of the students in the schools noted above receives the appropriate services that enable him or her to achieve the desired outcomes.

For students who are deaf and hard of hearing to be educated effectively, educational personnel must be able to integrate the students into the social milieu and the learning activities of the school and classroom. This includes establishing environments that promote the student's development of rewarding friendships and feelings of social support, and the student's participation in learning activities on an equal basis with peers, uninhibited by communication and attitudinal barriers. For this to happen, educational programs need to make a firm commitment to hiring qualified personnel and providing appropriate services. When they are unwilling to hire certified personnel or unable to provide those services, students must have the option to receive an appropriate education in a different setting, such as a center-based program or a residential school. Congress should take action in three ways.

5. Provide two or three specific recommendations for action by Congress.

Reducing the Average Age at Which Children with Hearing Loss are Identified to No More Than Six Months of Age

Congress should promote early identification of hearing loss by funding demonstration projects to expand and to document systematically the cost efficiency and efficacy of current techniques such as High-risk Registries (HRR) for hearing loss, auditory brainstem response (ABR), and transient evoked otocoustic emissions (TEOAE). The average age of identification for children who are deaf or hard of hearing in the United States is reported as two and one half years (Commission on Education of the Deaf, 1988). Currently, of the approximately four million live births each year, 95 to 97 percent are not tested for hearing loss (Bess & Hall, 1992). Only 14 states have legislated mandates for newborn hearing screening (Blake & Hall, 1990). Early identification is critical because hearing loss interferes with the development of communication skills, which in turn impact individuals' ability to interact and learn in traditional ways.

Concomitantly, there is significant need to educate pediatricians about identification and the developmental needs of infants and toddlers who are deaf or hard of hearing. Most pediatricians have not had any course work or training experience related to hearing loss. As a result, they have a limited understanding of the importance of referring an infant or toddler for a hearing screening, the cultural aspects of deafness, and how to work with families when their child has been identified with a hearing loss. If pediatricians do not understand the child's need for hearing testing, their attitudes may allay parental concerns, creating a false sense of security regarding the child's hearing status. In accordance with the objectives for Healthy People 2000, professionals, along with parents, must continue to focus on lowering the age of identification and intervention of hearing loss.

Increase the Abilities of Family Members to Communicate with Their Children Who Are Deaf or Hard of Hearing

Congress should authorize and fund programs that increase the ability of family members to communicate with their children who are deaf or hard of hearing.

The family is the most important part of a child's support system. Families also have the most influence in their children's development and language acquisition. Current theory of human development acknowledges the reciprocity of parent-child interactions and their qualitative effects on all areas of child development. The ability to communicate effectively is necessary for cognitive development, social and emotional development, linguistic competence, and academic growth. Children form concepts, develop vocabularies, learn values, and achieve educational goals through communication. Children who are deaf or hard of hearing who are not exposed to early language input are likely to experience severe deficits that will impact on future development and learning.

Most children who are deaf or hard of hearing (90 percent) have parents/caregivers who are hearing. Most families' first real experiences with hearing loss occur with the birth of their child who is deaf or hard of hearing. As a result, many children who are deaf or hard of hearing are unable to communicate clearly and unambiguously with other members of their family (Meyers & Bartee, 1992).

Families need to be assisted in developing communication skills from the time the child is identified throughout the child's education years. With most families having both parents working outside the home and the growing number of single parents, there is increasingly less time for family members to attend formal classes that help them learn how to communicate with their deaf child. Consequently, funding for the development of alternative approaches to training such as "Sign With Me: A Family Sign Program" (Moeller, Schick, & Williams, 1994), which is a video series that provides information about communication principles, parenting principles, and communication strategies that facilitate language acquisition, is essential. Similarly, funding for comprehensive home intervention programs such as SKI*HI (Clark & Watkins, 1985) and the Colorado Home Intervention Program (CHIP) (Stredler-Brown & Yohinaga-Itano, 1994) need to be expanded and implemented in all parts of the country. Finally, funds need to be allocated and research needs to be undertaken on how to successfully provide communication training to all family members, including fathers, brothers, sisters, and the extended family.

Changing Funding Formulas from Those That Provide Funds for the Number of Students Who Are Deaf or Hard of Hearing Who Are Served to Those That Reimburse for the Number of Individuals (e.g., Students, Family Members, General Education Teachers, Administrators, Speech and Language Therapists) Served

Since the mid 1970s the number of students who are deaf or hard of hearing in general education programs has increased steadily. Craig and Craig (1986) reported that approximately 29 percent of deaf students in the United States attend state-run residential schools for the deaf, and 68 percent attend public schools either in special classes for deaf and hard of hearing students or in general education classes with an interpreter or supplementary services from a teacher of students who are deaf or hard of hearing. More recent data (U.S. Department of Education, 1994) suggest that on a national level approximately 77 percent of students who are deaf or hard of hearing are served at least on a part-time basis in general education classroom settings.

An obstacle with regard to providing appropriate services in general education settings centers around the fact that many of these students require educational modifications and adaptations in order to achieve academic skills commensurate with their innate abilities (Paul & Quigley, 1990). However, most general education teachers and school personnel have had no previous exposure to individuals with a hearing loss or experience in teaching these students (Commission on Education of the Deaf, 1988).

Consequently, research (Chorost, 1988; Martin, Bernstein, Daly, & Cody, 1988) indicates that general education teachers believe that they are not adequately prepared to educate these students in general education settings and that they prefer to teach students only if substantial support personnel and in-service training are available. Accordingly, greater emphasis, as well as research and funding, needs to be focused on adult-to-adult interactions, whereby professionals in deaf education consult, collaborate, and when appropriate, teach other adults how to work with children and youth who are deaf or hard of hearing.

In addition, there is growing awareness of the importance of providing early intervention (including family-focused intervention) to children who are deaf or hard of hearing, using Individualized Family Service Plan (IFSP) as the linchpin for service provision. Given the importance of family-professional collaboration as the key to planning and implementing intervention, then all professionals, family members, and individuals from community agencies must be able to engage in ongoing conversations about resources, training, concerns, and priorities. To work with families and personnel in other agencies, professionals need to be trained, required, and remunerated for providing these essential services. When educational agencies focus solely on the number of children who receive direct services, a significant portion of the child's environment does not receive the support and training that it needs to enhance the child's development and successful attainment of the desired educational outcomes.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS can take action on three fronts.

Providing Money to Conduct Research and to Recruit and Prepare Professionals in Education of Students Who Are Deaf or Hard of Hearing Who Are from Diverse Ethnic and Linguistic Backgrounds

It is estimated that by the year 2000, one-third of school-aged children in the general population will be from ethnically diverse backgrounds (American Council on Education, 1988). Similar sociological changes are having a significant impact on the field of deaf education. Students who are deaf or hard of hearing from linguistically diverse homes are the fastest growing part of the deaf population (Schildroth & Hotto, 1993). Similarly, there is a shortage of deaf and hard of hearing teachers of students who are deaf or hard of hearing.

Consequently, federally funded projects that examine how to recruit and prepare individuals who are from diverse ethnic, cultural, and linguistic backgrounds are essential. In addition, states should develop alternative strategies for teacher certification or licensure (such as performance evaluations) so that individuals who are deaf or from other linguistically diverse cultures are not prohibited from teaching because of discriminatory testing that is required to become certified or licensed.

Providing Money to Conduct Research and to Recruit and Prepare Professionals in Deaf Education Who Are Knowledgeable of Providing Appropriate Services for Students Who Are Deaf or Hard of Hearing Who Have Disabilities in Addition to a Hearing Loss and for Students Who Are Hard of Hearing or Who Have a Unilateral Hearing Loss.

There has been a significant increase in the number of students who are deaf or hard of hearing who have disabilities (Kelly, Forney, Parker-Fisher, & Jones, 1993). Schildroth and Hotto (1993) reported that 30 to 33 percent of the students who are deaf or hard of hearing have additional disabilities. Additional disabilities have a negative effect on communication, language, and academic achievement of students. The difficulty of establishing effective educational programs for students who are deaf or hard of hearing with additional disabilities is such that the effects of another disability are not simply additive, but rather they interact with each other in ways not thoroughly understood to create a complex array of secondary consequences. Therefore, federally funded projects that examine how assess, plan, provide services as well as prepare personnel are necessary.

Also, there has been a significant increase in the number of students who have less-than-severe hearing losses (hearing thresholds of 70dB or lower) (Schildroth & Hotto, 1993). Approximately 16 per 1,000 school-aged students have an average hearing loss between 26 and 70 dB in the better ear. This is eight times the number of students who are deaf (NASDSE, 1994). The majority of these students exhibit significant academic deficits. For example, Davis, Elfenbein, Schum, and Bentler (1986) found that these students demonstrated developmental delays in the areas of verbal skills, academic achievement, and social skills in comparison with a control group of hearing peers. Similarly, students with unilateral hearing loss have significant problems in the areas of auditory and psycholinguistic skills, educational progress, communication, and classroom behavior. Bess and Tharpe (1986) reported that 35 percent of students with unilateral hearing losses had repeated a grade, in contrast to a normal failure rate of about 3.5 percent. Finally, although conductive hearing loss is most often of a fluctuating nature, recent evidence indicates that the periodic hearing loss associated with otitis media may have long-term effects on the language and intellectual development of children.

Providing Funds to Conduct Research and Training That Focus on How Deaf Education Professionals Can Better Collaborate and Function as Members of Multidisciplinary Teams and as Consultants to General Education Professionals, Families, and Community Members

Despite the dramatic increase in the emphasis of school consultation in the professional literature in recent years, "most educators, administrators, and community members have had little training or experience functioning in collaborative consultation roles" (Thousand, Villa, Paolucci-Whitcomb, & Nevin, 1992, p. 228). As a result, Philips and McCullough (1990) assert that the "collaboration ethic remains inoperative in most school settings" (p. 291). This is evident in the field of education of students who are deaf or hard of hearing. In a study conducted by Luckner (1991) involving 354 general education teachers who worked with students who were deaf or hard of hearing in the general education classroom, respondents indicated that they received "minimal assistance" from the teacher of deaf and hard of hearing students and that they most often interacted with the teacher of deaf and hard of hearing students in "informal brief discussions."

Educating students who are deaf or hard of hearing demands a knowledge of effective educational practices as well as a knowledge of the consequences of a hearing loss on the social, emotional, academic, and psychological abilities of these individuals. While general agreement on the necessity of collaboration and consultation exists within professionals in the field (e.g., American Speech-Language-Hearing Association, 1991; Council for Exceptional Children, 1992), this area of training has not been addressed by most state certification agencies in the area of deaf education.

Similar concerns and the need for research and training surround the use of multidisciplinary teams. IDEA required educational programs to make significant changes in how they provide educational and related services to students who are deaf or hard of hearing. One aspect of the legislation mandated that decisions for the delivery of special services to students who are deaf or hard of hearing were not to be the sole responsibility of a single individual. Consequently, multidisciplinary teams were established to (a) increase accuracy in assessment; (b) improve classification and placement decisions; (c) provide a forum for sharing different views; (d) provide specialized consultative services to school personnel, parents, and community agencies; and (e) provide the resources for developing and evaluating individualized educational programs (Reynolds, Gutkin, Elliott, & Witt, 1984).

To date, there has been no research examining the teams' effectiveness for meeting these goals for students who are deaf or hard of hearing. Rather, concerns that often surface regarding the teams' functioning can be divided into the following four areas: (a) the teams' unsystematic approach to collecting and reviewing data, (b) the minimal involvement of parents and general education teachers, (c) the loosely structured decision-making processes that teams use; and (d) the lack of interdisciplinary collaboration and trust. While professionals and parents are required by law to participate in discussions about the placement and services that are best for students who are deaf or hard of hearing, there are limited data to suggest that these individuals function as a team or make decisions in the best interest of students who are deaf or hard of hearing.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local educational agencies should take action on at least three fronts.

Increasing the Provision of Appropriate Services to Children Who Are Deaf or Hard of Hearing

The continuum of special education services (Deno, 1970) is actually a continuum of placements. Within each placement, there is no assurance about the quality or quantity of services that are provided for students. Often students are placed in an educational setting without proper monitoring of their progress. Because of the heterogeneity of the population in communicative, academic, auditory, and social/emotional skills, or cultural perspective, it is not possible to prescribe specific services based on age or degree of hearing loss. Whether a service is appropriate for a particular student can only be determined by a thorough evaluation of the student's skills in and out of the classroom.

While compliance monitoring was a necessary force for securing procedural safeguards when IDEA was first implemented, there is growing need to increase the current focus on improving the quality and results of the educational experience for students who are deaf or hard of hearing. There should be a renewed emphasis on program evaluation as a necessary tool for determining the effectiveness of programs and services and making informed decisions concerning program improvement (Gonzales, 1992). Education agencies should review programming and placement decisions to determine whether students are making adequate progress. There should exist a process to monitor a student's progress throughout the school year in order to make necessary adjustments and changes as soon as the need is detected. Many students who are deaf or hard of hearing may need more than annual testing and three-year updates to monitor their progress or classroom performance.

The state's certification and licensure standards should be revised to require multicultural competence in educators of the deaf and hard of hearing.

Similar concerns about the quality of educational interpreters and the services that they provide need to be addressed. Interpreting is a process of communicating spoken English into sign, such as American Sign Language (ASL), or into various sign systems, such as Signed English, as well as rendering sign into spoken English. Students who are deaf or hard of hearing who use sign for communication require the services of an educational interpreter to function in the general education classroom and often in all aspects of the school environment. Although interpreting is a rapidly growing profession, there is a significant shortage of skilled and qualified interpreters who can provide the needed services for students.

There are several significant consequences that accompany the existent shortage of skilled professional interpreters. First, because most educational programs have little or no experience with educational interpreters, they have a tendency to confuse signing with interpreting skills. As a result, many school districts hire a person with minimal signing skills to interpret for students who are deaf or hard of hearing. Second, many hired interpreters and school districts are not knowledgeable about communication modality issues (e.g., ASL, Signed English, Signing Exact English, Oral English). As a result, interpreters use their preferred mode of interpreting without being aware of the needs of the student. Third, many educational interpreters have minimal training in areas such as tutoring, administering tests, and solving discipline problems. These are tasks that general education teachers often request educational interpreters to undertake. Fourth, many students who are deaf or hard of hearing do not have the language base needed to use an interpreter. However, many educational programs make the assumption that once an educational interpreter is assigned to a student, all problems associated with providing services for the student are resolved (Hurwitz, 1994). Again, monitoring student progress and evaluating the quality of services that are provided for students are essential.

Developing Job Descriptions and Providing Time for Teachers of Students Who Are Deaf or Hard of Hearing to Work with Other Professionals and Families

In order to design and implement programs for students who are deaf or hard of hearing, school personnel are expected to work together, discuss students and instructional issues, experiment with various solutions, and develop professional relationships. Yet, they are not given the noninstructional time to meet these expectations. The current structure of most education programs does not provide sufficient time for general education and teachers of students who are deaf or hard of hearing to work with their students as well as to communicate and plan with other professionals and parents.

Time and support for ongoing planning and assessment are necessary to make adjustments in the programs of students who are deaf and hard or hearing if they are going to be participating members of the school and classroom. The time constraints of general education teachers and teachers of students who are deaf or hard of hearing as well as scheduling difficulties are serious problems. If professionals are going to collaborate, a schedule and job description that includes sufficient time to work with others must be provided.

In addition, many teachers need to work with family members so that each person in the immediate and extended family can learn to communicate effectively with the child who is deaf or hard of hearing. Professional staff will need flexible schedules that allow them to make home visits and work with families during the hours that family members can be available.

Develop Communication Policies and Skill Evaluations for Teachers and Staff

Few educational programs have developed communication policies about the type of communication (Oral, Cued Speech, ASL, Signed English, Signing Exact English) that they want used with the students who are deaf or hard of hearing who attend their program. Similarly, very few states evaluate the signing skills of teachers for certification. And most teachers' communication skills are not evaluated prior to hiring and even fewer are evaluated after being hired (Gustason, 1994). The quality of the linguistic input that students who are deaf or hard of hearing receive has a significant impact on their ability to develop communication skills. Developing communication policies, evaluating teachers and staff, and providing incentives for them to improve their communication skills would increase adults' ability to communicate, interact, and provide mature language models for students who are deaf or hard of hearing.

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Annotated Literature Abstract

Citation

National Association of State Directors of Special Education (1994). Deaf and hard of hearing students: Educational guidelines. Alexandria, VA: National Association of State Directors of Special Education, Inc.

Abstract

This publication is the summary of the "Deaf Education Initiative Project," which was a collaborative effort undertaken by representatives of 10 national organizations interested in education of students. The document provides guidelines for programs serving students who are deaf or hard of hearing. It describes in detail needed program elements and features which should be considered when designing appropriate services. The document is divided into five chapters, a glossary, and eight appendices. Chapter One provides the foundation for educating students who are deaf or hard of hearing. Chapter Two focuses on support structures and administration. Chapter Three discusses issues surrounding assessment. Chapter Four includes information about program and placement issues, and Chapter Five describes characteristics of personnel who work with students who are deaf or hard of hearing.

Key Points and Quotes

1. The unique communication and language needs of students who are deaf or hard of hearing pose a challenge for conducting appropriate assessment and for developing appropriate educational programs.

"Children who are deaf or hard of hearing have unique cultural and linguistic needs that make them different from other groups of children, with or without disabilities. Most hearing children enter school with the ability to process and integrate verbal information. They have a basic command of the language and an extensive vocabulary. School systems establish programs and services and develop curricula based on the assumption that all children enter school with language skills. With these tools, children are ready for the acquisition of information in content areas. Education systems, in general, help students reach the goals of self-realization, development of proper human relationships, attainment of economic sufficiency, and assumption of civic responsibility. The goals of educating children with hearing loss are identical. However, children with hearing loss seldom bring to their educational experience the same extensive language background or the same breadth of language skills as do hearing children." (p. 2)

2. The social and emotional development of students who are deaf or hard of hearing needs to be considered when planning educational programs.

"Children who are deaf or hard of hearing have a right to an education in an environment that enhances their social and emotional development. Their ability to interact with peers, engage in extracurricular activities, participate fully in athletic programs, and engage in developmentally appropriate discussions with teachers and support personnel is crucial to their overall development. Participation in these activities should not require constant dependence on others (e.g., interpreters) to facilitate communication and interaction. Constant dependence upon others will adversely impact on a child's social and emotional development, and every effort should be made to ensure that the placement site provides sufficient opportunities for active and authentic involvement in school functions independent of support personnel." (pp. 52-53)

Annotated Literature Abstract

Citation

U.S. Department of Education. (1992, October 30). Deaf students education services: Policy guidance. Federal Register, 57(211), 49274-49276.

Abstract

This paper is divided into three parts: Background Information, Free Appropriate Education, and Procedural Safeguards. The background information provides specific guidelines to ensure that students who are deaf are provided with a free appropriate public education which takes in consideration their unique communication and related needs. The second section addresses the implications of a free and appropriate education for children who are deaf with implications for IEP development and placement decisions. Factors that need to be considered are (1) communication needs and preferred mode of communication, (2) linguistic needs, (3) severity of hearing loss and potential for use of residual hearing, (4) academic level, and (5) social, emotional, and cultural needs, including opportunities for peer interactions and communication. The third section focuses on the procedural safeguards ensuring that parents are informed of their rights with regard to decision-making processes, such as placement.

Key Points and Quotes

1. *The Commission on Education of the Deaf (COED) reports that students who are deaf encounter considerable barriers in accessing a free appropriate public education that meets their unique language and communication needs.*

"Compounding the manifest educational considerations, the communication nature of the disability is inherently isolating, with considerable effect on the interaction with peers and teachers that make up the educational process. This interaction, for the purpose of transmitting knowledge and developing the child's self-esteem and identity, is dependent upon direct communication." (p. 49275)

2. *The interpretation of the least restrictive environment (LRE) has been misapplied by presuming that the general education setting is the most appropriate placement for all children who are deaf.*

"Any setting, including a regular classroom, that prevents a child who is deaf from receiving an appropriate education that meets his or her needs, including communication needs, is not the LRE for that child." (p. 49277)

"Just as placement in the regular educational setting is required when it is appropriate for the unique needs of a child who is deaf, so is removal from the regular educational setting required when the child's needs cannot be met in that setting with the use of supplementary aids and services." (p. 49277)

3. *Parents need to be informed decision makers with regard to placement options.*

"The obligation to fully inform parents includes informing the parents that the public agency is required to have a full continuum of placement options available to meet the needs of children with disabilities, including instruction in regular classrooms, special classes, special schools, home instruction, and instruction in hospitals and institutions." (p. 49278)

Model Profile

In the current age of emphasis on educational options for all children, it is refreshing to observe a program that appears to be found on the principle of providing communication for all children, deaf, hard of hearing, and hearing, in the context of their natural, everyday environments. The TRIPOD/Burbank Unified School District Partnership is a collaborative effort that creates a model program of comprehensive education through the co-enrollment of deaf, hard of hearing, and hearing children in the public school system. Children are co-enrolled in a general education/special education partnership that has as one of its components the unique aspect of co-teaching. Co-teaching teams a general education teacher with a special education teacher, thus increasing the student-ratio slightly for the special educator and decreasing the ratio for the general educator. Support provided by special education paraprofessionals and by parent volunteers is also factored into the overall student-adult ratio, making the individual child-adult interaction favorable to all students in the program.

In a co-enrollment classroom at TRIPOD, it is frequently difficult to determine which teacher is a special educator and which is a general educator. All of the teachers use sign language, some are fluent ASL signers, and others use a contact variety of Signed English with ASL features, but the important consideration is that all of the children, regardless of their hearing status, are receiving salient communication, in one form or another, all of the time. Child-to-child interactions are as prominent as adult-to-child interactions—everyone is involved in the process of communication and language acquisition in a dynamic teaching/learning environment.

TRIPOD began as a Montessori preschool in 1984 and has grown, year by year, into a program that now serves children and youth who are deaf, hard of hearing, and hearing from infancy through grade nine. The TRIPOD Board of Directors, Professional Advisory Board, and Educational Advisory Board combine the expertise of parents and professionals to oversee the entire program and provide support as needed to sustain quality and innovative education practice. Families are supported by the Family Sign Program, the Parent Association, and Open Forums that provide information on all aspects of child-rearing and educational issues. Beyond the immediate school program, TRIPOD reaches into the community through a toll-free hotline, a newsletter, development of informational videotapes, and public service captioned films.

TRIPOD staff are engaged in research efforts that document the success and progress of the program. Currently 112 students who are deaf or hard of hearing of all ethnic/cultural backgrounds receive services through TRIPOD. Children with multiple disabilities are included also. Hearing students and general education teachers sign for themselves and students and teachers who are deaf or hard of hearing communicate in their mode of preference.

A review of test scores over the past several years shows a marked improvement for the students who are deaf or hard of hearing on such measures as the California Test of Basic Skills (CTBS) and the Stanford Achievement Test (SAT-HI). Levels of achievement in reading and math are gaining steadily. Children are learning in an environment that includes all communication options and encourages the growth and self-esteem in each and every child. A feeling of respect for children, families, and staff permeates the classroom setting and has a positive effect, to some degree, on everyone involved.

In sum, TRIPOD is more than a school program. It is a way of life, a "philosophy in practice," for children, families, professional educators, and support staff. It is a place where students who are deaf, hard of hearing, or hearing teach each other from a natural communication environment.

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TRAUMATIC BRAIN INJURIES

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Abstract

1. The long-term effects of traumatic brain injury are profound and may dramatically change forever the lives of all children who have those injuries. Accordingly, the goals of their special education are to enable them to lead lives that are as independent, productive, integrated, and contributing as possible.

2. Although IDEA in 1990 created a special category of traumatic brain injury, progress toward these goals is disappointing.

3. Promising practices include(a) proper identification and referral to appropriate services; (b) a seamless service system involving medical, educational, and community systems that ensure continuity of services and follow-up; (c) ongoing evaluation using appropriate diagnostic assessments; (d) full family and student participation in all education and transition planning; (e) education in systems characterized by flexibility and collaboration, and (f) education for functional academic and work skills, delivered in the least restrictive environment.

4. Barriers include (a) underreporting of the number of students; (b) lack of a sufficient number of properly trained professionals; (c) misclassification of students with traumatic brain injury; and (d) lack of coordinated educational, medical, and community services.

5. Congress should (a) amend IDEA by changing the definition of traumatic brain injury; (b) require service delivery systems, especially medical and educational systems, to coordinate their services; and (c) help develop model programs, personnel preparation programs, and research programs.

6. OSERS and other appropriate federal agencies should (a) create federal-level interagency linkages, (b) sponsor new training models, (c) stimulate wraparound services, and (d) secure more accurate incidence and prevalence data.

7. State and local agencies should (a) establish a state-level and, where appropriate a local-level coordinator of traumatic brain injury services, (b) establish traumatic

brain injury service delivery teams, (c) expand in-service training, and (d) increase service delivery.

1. What outcomes within the categorical area are recognized as important for students to obtain?

The largest killer of and cause of disability in children and adolescents in the United States is not AIDS or cancer; it is **traumatic brain injury** (TBI). Each year one million school-aged children are taken into emergency rooms with mild, moderate, or severe brain injuries. The traumatic brain injuries caused by an external physical force commonly result from motor vehicle accidents, violence and abuse, falls, and sports. The nontraumatic brain injuries caused by internal occurrences commonly result from anoxic injuries (near drownings, strangulations, choking, etc.), infections (encephalitis, meningitis), tumors, strokes and other cerebral vascular accidents, neurotoxic poisonings and metabolic disorders (insulin shock, liver and kidney disease). Ultimately, schools, not medical facilities, end up being the largest provider of services to children with brain injuries, but many students with TBI are still misclassified, misunderstood, and fail to receive the recognition and specialized services they need.

Students with traumatic brain injuries and their families have unique needs. It is not true that children are wonderfully resilient beings who can "bounce back" even after severe trauma. Rather, children are just as vulnerable as adults and their brains are not "plastic." The long-term effects of TBI on children may dramatically change their lives forever. Thus, all students with traumatic brain injury need:

* to be properly identified and referred to the appropriate services;
* to have connected, seamless services among medical, educational, and community systems to ensure continuity of services and follow-up;

- to receive educational services from professionals trained in traumatic brain injury recovery and education;
- to receive ongoing evaluations by trained professionals using appropriate diagnostic assessments;
- to have full family and self participation in all educational and transitional planning;
- to be educated in flexible systems that can address the cognitive, psychosocial, and motor problems associated with recovery from traumatic brain injury;
- to receive services in the least restrictive environment that establishes functional goals in academic and vocational achievement, independent living, and quality of life.

2. *To what extent have these outcomes been achieved over the last five years?*

In 1990, IDEA recognized and included students with traumatic brain injuries as a category in special education services. However, many states still underreport the numbers of students with TBI, do not train educators about the needs of students with TBI and their families, often misclassify students with TBI under another special education category, and fail to coordinate educational, medical, and community services.

- While students with traumatic brain injury are included under IDEA, the number of students with TBI is vastly underreported as compared to the numbers reported by medical centers.

- There is a lack of coordination between medical and educational systems to facilitate the return and reintegration of the student into school.
- The majority of students with mild or moderate TBI are returning to school unrecognized, only later to be referred to special education services after they have already failed in school.
- Few educators have received training in traumatic brain injury recovery and education.
- Brain injuries caused by "internal occurrences" are not recognized as a traumatic brain injury under IDEA.
- Flexible school system planning, family partnerships, and long-term transitional planning are sporadic.
- Present educational evaluations are insensitive to the cognitive and psychosocial problems resulting from traumatic brain injury.

3. What educational models/procedures are most effective for achieving these outcomes?

Several models and procedures are effective in achieving positive, functional outcomes for children with TBI. Model programs in several states have found that:

- Educators need training in understanding how the human brain works and what happens when the brain becomes injured.
- Carefully coordinated systems of transition between medical centers and schools are critical.

- Carefully coordinated systems of transition between schools and community/vocational services are critical.
- Systems that involve the child, family, peers, and professionals in the least restrictive environment are absolutely necessary.
- Designated personnel (e.g., TBI coordinators, TBI teams) to monitor and work with the child and the family are significant for long-term success.
- Educational procedures and strategies that promote interdisciplinary teaching focusing on the child's cognitive, psychosocial, and motor issues are critical.
- Technology that is "cognitively friendly" and promotes independence is greatly beneficial.
- Prevention programs (i.e., helmet safety, violence awareness, motor vehicle safety) are greatly needed.

4. What educational models/procedures most inhibit these outcomes?

Models and procedures that are exclusionary, fail to involve coordinated systems to ensure continuity of services, lack family participation, and rely on outdated educational methodologies to teach children with TBI seriously inhibit positive outcomes. Students with TBI fail when there is:

- Lack of transitional planning between medical centers and schools; grade-to-grade; school-to-school; school to work and independent living.
- Lack of teacher training in TBI and use of inappropriate learning strategies.
- Lack of 12-month and extended-school day service delivery models.

- Lack of long-term monitoring of students as they develop neurologically.
- Lack of family participation, training, and partnership collaborations with schools.
- Lack of appropriate educational environments that promote inclusion and transition.

5. Provide two or three specific recommendations for action by Congress.

Congress should influence special educational services for children with traumatic brain injuries and their families in three major ways.

Redefining Traumatic Brain Injury

The present IDEA definition of traumatic brain injury lacks clinical clarity, is discriminatory, and confuses state and local educational agencies. This is very important since the largest killer and disabler of children in the United States is brain injury that has been "acquired" since birth. The present definition of traumatic brain injury lacks clinical clarity. To say that one group of children with "acquired" brain injuries is included in the law because their brain injuries are the result of an "external physical force" impacting the brain and to exclude those children whose injuries are the result of "internal occurrences" impacting the brain is clinically inappropriate and discriminatory.

The brain is the brain after all. Whether it is injured by an "explosion" from the outside or an "implosion" from the inside is irrelevant when it comes to identifying the student's needs. One who sustains a brain injury from a fall or motor vehicle accident may differ in the course of recovery from one who is a near-drowning survivor or the victim of an aneurysm, for example, but they are still students who have had a brain injury. Presently, in the various states, some children are included under the definition of traumatic brain injury and others are not. Individual state and local education agencies are confused and because of this confusion are excluding students with nontraumatic brain injuries (strokes, anoxia, infectious diseases, etc.) from appropriate services because they are clinically misidentifying them or classifying them under another special education category.

For example, consider a person who has injured both shoulders. The right shoulder was injured when a heavy box the person was lifting from a shelf slipped and severely bruised the shoulder. Later the left shoulder "popped" when the person was trying to lift the same box off the floor. Now both shoulders are injured—one from an outside physical force (the box) and the other from an internal occurrence (lifting the box). Should this person receive the specialized therapy needed for one injury and not for the other injury because of the "way" the injuries happened rather than "what" happened? After all, the shoulder is the shoulder. This is the exactly the dilemma caused because IDEA does not properly define brain injury.

It is necessary to rethink how to best define traumatic brain injury from an "acquired" clinical sense. Some students needing special education services have problems learning because their brains were injured or did not develop properly "before" birth (e.g., learning disabilities, alcohol fetal syndrome, or mental retardation); some experienced trauma to their brains during the birthing process (e.g., lack of oxygen); and some acquired injuries to their brains after they were born (traumatic and nontraumatic brain injuries). Yet, when Congress first defined traumatic brain injury, it only focused on students who had sustained injuries from "external" forces.

The following definition is a more appropriate clinical definition for students with acquired brain injuries (Savage and Wolcott, 1994).

> An acquired brain injury is an injury to the brain that has occurred since birth. It can be caused by an external physical force or by an internal occurrence. The term acquired brain injury includes traumatic brain injuries such as open or closed head injuries and non-traumatic brain injuries such as those caused by strokes and other vascular accidents, infectious diseases (e.g., encephalitis, meningitis), anoxic injuries (e.g., strangulation, near drowning, choking, anesthetic accidents, severe blood loss), metabolic disorders (e.g., insulin shock, liver and kidney disease), and toxic products taken into the body through inhalation or ingestion. The term does not include brain injuries that are congenital or brain injuries induced by birth trauma.
>
> Acquired brain injuries result in a total or partial functional disability or impairment that adversely affects educational performance. The acquired brain injury may result from mild, moderate, or severe impairments in one or more areas including cognition; speech/language communication; memory; attention/concentration; reasoning; abstract thinking; problem

solving; sensory perceptual and spatial abilities; psychosocial behavior; physical and motor functioning; and information processing.

Coordinating Medical, Educational, and Community Services

From the moment a student is injured, through return to school, through ongoing education and graduation into the community, coordinated transition services are critical for the student's continued success. Students who sustain brain injuries often "fall between the cracks" because the professionals who work with them fail to coordinate their service delivery systems and collaborate with the families. For example, even though TBI has been included in IDEA, less than 2 percent of those children reported in the National Pediatric Trauma Registry who had sustained serious injuries were referred to special education services. Often students seen in hospitals and rehabilitation centers do not have coordinated transition planning between the medical facility and the school upon discharge and rarely do health care professionals and education professionals, who will be working with the same child, collaborate with each other or the family to ensure continuity of services. It is not uncommon, then, for students to experience head trauma (mild, moderate, or severe) and be returned to school only to begin to fail both academically and socially.

Congress should insist that Emergency Medical Services for Children and special education services coordinate, collaborate, and meld their service delivery models so that all students with brain injuries can be properly identified, receive the services they need, be properly transitioned between systems, and be followed. Family/patient-centered medical care and family/student-centered education need to be the cornerstones of this system of collaboration.

In addition, as students progress through school, careful planning and coordination need to take place, ensuring educational systems and community services. Long-term successful outcomes for students with brain injuries can be realized only by combining special education services with vocational rehabilitation, independent living, and community inclusion. Educational professionals need to develop carefully orchestrated transition plans that will enable students to leave school with systems in place to support them in economic self-sufficiency, independent living, and quality of life.

Developing Model Programs, Training Opportunities, and Research

Model programs need to be strengthened, lengthened, and replicated to provide an array of seamless services for students and their families. Professionals in medicine, education, vocational, and community services need additional training, especially interdisciplinary training, to better understand students' needs and how to coordinate their services. Schools of allied health, medicine, and education need to provide opportunities for cross-training at both the preservice and in-service levels. Research on the immediate and long-term neurologic effects of brain injury on children needs to be investigated. Additionally, research is needed that investigates the impact of injury on the family and family recovery models. Studies need to be funded on outcome-based interventions and strategies. Better studies are needed on the incidence and prevalence of TBI in students, especially resulting from acts of violence (abuse, assault, firearms). Congress should take action to:

- Increase medical, educational, and community professionals' knowledge and understanding of the short- and long-term effects of brain injury on students.
- Extend the model on Emergency Medical Services for Children (EMSC) into school, homes, and communities to provide ongoing services and follow-up.
- Create funding opportunities to disseminate information on brain injury during childhood.
- Develop a comprehensive and interdisciplinary model of service delivery to include health care professionals, educators, families, and community people.
- Create training opportunities for family members, medical professionals, educators, vocational counselors, community living specialists, and funders.
- Increase access to services for all students regardless of funding mechanism.
- Expand coordination among medical systems and home, school, and community systems for students.
- Develop new opportunities for work, living, and long-term supports for students as they head toward their adult years.
- Research the impact of brain injuries on students at various ages and stages of development.
- Research the developmental issues associated with brain injury in childhood.
- Research the efficacy of rehabilitation, education, and vocational models and interventions.
- Research the impact of injury to a child on family systems.

- Develop model prevention programs and safety awareness on local, state, and national levels.
- Coordinate systems among Safe Kids Campaign, ThinkFirst, ThinkSmart, and other prevention programs.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Several major activities would help children with brain injuries, their families, and professionals better provide for the implementation of IDEA.

Linking Systems

Appropriate federal agencies should develop a mechanism to link the following systems serving students with brain injuries: Emergency Medical Services for Children, the National Pediatric Trauma Registry (NPTR), Office of Special Education and Rehabilitation Services (OSERS), the National Head Injury Foundation (NHIF), and the National Safe Kids Campaign. This linkage will bring together all the major providers of services to children who sustain serious injuries and allow professionals to form collaborative systems of care.

Developing New Training Models

OSERS should sponsor an interdisciplinary training model that will provide for the cross-training of professionals in medicine, allied health, education, vocational, and independent living services. This interdisciplinary training will bring professionals together who can have an impact on the continued services for students with brain injuries.

Developing Wraparound Services

OSERS should sponsor model family-professional partnerships that establish family-centered, wraparound services as the core component of all systems serving students with brain injuries.

Securing Incidence Data

OSERS should sponsor an incidence and prevalence study on mild, moderate, and severe brain injury in students; the study should coordinate both the medical and educational registries.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local agencies.

Several areas exist in which state and local agencies can improve their services under IDEA for students with brain injuries.

Establishing TBI Coordinator

The agencies should establish a TBI coordinator who can serve as a liaison person between systems as the child transitions and grows. This person will work with health care professionals, educators, vocational counselors, and independent living specialists to better coordinate the related services.

Establishing TBI Teams

Agencies should establish interdisciplinary TBI teams made up of family/child, educators, health care providers, and community specialists.

Expanding Training

Agencies should expand the training opportunities for educators regarding traumatic brain injury, the resulting effects, model procedures and strategies, and transition planning.

Increasing Services

Agencies should develop expanded services for families, recognize the family as central to all educational planning, and create wraparound services consisting of extended school programming.

Reference

Savage, R. C., & Wolcott, G. F. (Eds.). (1994). Educational dimensions of acquired brain injury (pp. 3-4). Austin, TX: PRO-ED.

Annotated Literature Abstract

Citation

Greenspan, A., & MacKenzie, E. (1994). Functional outcome after pediatric head injury. Pediatrics, 94(2), 425-432.

Abstract

The authors tracked 95 children between the ages of five and 16 who were discharged from the Johns Hopkins Hospital and the Maryland Institute for Emergency Medical Services System in 1989. More than half had been involved in motor vehicle accidents. All were hospitalized immediately, but more than 70 percent stayed less than 48 hours. More than half with head injuries were classified as mild. One year later, 30 percent of these children were enrolled in special education classes.

Key Points and Quotes

1. Head injury can present significant long-term outcome problems for children.

"Thirty percent of children were enrolled in special education at one year postinjury. Over half of these were not enrolled in special education before their injury. Comparison of enrollment in special education pre and postinjury with the national average revealed...one year after injury, three times as many children as the national average were enrolled in special education." (p. 429)

2. Mild and moderate head injury can cause serious learning and behavior problems for children.

"Although comparisons among studies are difficult...this study appears to have found greater functional limitations for children with minor and moderate head injuries than has been previously reported....Although children with minor or moderate head injuries may not exhibit any frank neurological signs, they may demonstrate minor limitations that, although not clinically apparent, nevertheless may affect children's daily function and performance." (pp. 430-431)

3. Children who sustain head injuries also experience significant behavioral problems, not just cognitive and motor problems.

"Summary and subscale mean scores were all higher for the study population, regardless of head injury severity. Thus, head injured children exhibited a greater number of behavioral problems one year after head injury, when compared with a randomly selected sample of children...hyperactivity was directly correlated with head injury severity." (p. 431)

4. Children who sustain head injuries often were at risk for other problems.

"The findings concerning the relationship between poverty and functional status after head injury...are consistent with studies that show a relationship between poverty and poor health...(and) the relationship between poverty and poor health may at least in part be due to limited access to health care." (p. 431)

Annotated Literature Abstract

Citation

Frey, W., Savage, R., & Ross, B. (1994). The adolescent with traumatic brain injury: Cognitive, psychological, and educational issues. Adolescent Medicine: Chronic and Disabling Disorders, 5(2), 311-325.

Abstract

The authors discuss the incidence and prevalence of traumatic brain injury in adolescents and the resulting cognitive, psychological, and educational issues. They point out the need for health care professionals and educators to integrate their services and service delivery models and they discuss problems associated with long-term follow-up.

Key Points and Quotes

1. The number of adolescents who sustain traumatic brain injuries is staggering.

"The largest killer and disabler of adolescents in the United States in not AIDS or cancer; it is traumatic brain injury (TBI). The number of adolescents who sustain brain injuries is staggering. Epidemiologic estimates indicate the 220/100,000 youths under the age of 15 years sustain a brain injury each year. The estimate increases to 600/100,000 among youths between the ages of 15 and 20 years because of their active lifestyles." (p. 311)

2. Schools are the ultimate provider of services for adolescents with traumatic brain injuries.

"Despite the many rehabilitation programs for victims of brain injury...public schools are still the largest provider of services....Presently, adolescents face three major issues in the school system: (1) how best to identify and to classify such students under federal and state special education laws; (2) how best to facilitate transition back into the school system (from the health care facility); and (3) how best to monitor and plan appropriate educational programs." (p. 319)

3. Coordinated service delivery models best serve adolescents with traumatic brain injury.

"The burden of responsibility for the care of survivors of traumatic brain injury rests with medical specialists, allied rehabilitation therapists, primary care physicians, and families. Each has a role that requires knowledge of the brain-behavior relationships associated with injury, sensitivity to the individual's awareness of the injury, and comprehensive educational planning." (p. 311)

Annotated Literature Abstract

Citation

Blosser, J., & DePompei, R. (1991). Preparing education professionals for meeting the needs of students with traumatic brain injury. Journal of Head Trauma Rehabilitation, 6(1), 73-82.

Abstract

If professionals are to help children and adolescents with traumatic brain injuries resume effective and functional lives within the school and community, it is important to understand the implications of TBI on school performance. The authors suggest methods to develop professional training and programs for education professionals who will be involved in the school reintegration process and the continuity of school programming.

Key Points and Quotes

1. Majors barriers exist that inhibit students' with traumatic brain injury reintegration into school.

"...five major barriers that consistently interfere with efficient and effective school re-entry: (1) inadequate communication between rehabilitation professional and education professionals; (2) the student's cognitive-communicative impairments; (3) the school's lack of readiness and capabilities to serve the student; (4) the education professionals' lack of preparation for working with this population; and (5) the family's expectations for school return." (p. 73)

2. Educator training on students with traumatic brain injury is critical.

"It is felt that many school-related problems can be reduced if education professionals are provided with information about the nature and consequences of TBI; the impact of TBI on the learning process; strategies for assessing, teaching, and managing students with TBI; and strategies for working jointly with the rehabilitation professional, family, and peers...." (p. 74)

In an effort to assure that all students with TBI receive an appropriate education, the Kansas State Board of Education has for the past several years provided funding for a Traumatic Brain Injury (TBI) Project. Since 1987, the project has provided technical assistance to school districts serving students with TBI. Beginning in 1991, a federal grant entitled Preservice/In-service Training Program in the Area of Traumatic Brain Injury was awarded to the Kansas State Board of Education to address the training needs of both new and experienced personnel, related service personnel, and parents. The primary purposes of this statewide project are (a) to train a regional cadre of educational personnel to serve as in-service providers and consultant/resource persons for local education agency staff and parents and (b) to provide preservice training to students enrolled in teacher education training programs.

TBI in-service training is being delivered to miniteams at service centers and districts throughout the state of Kansas. Miniteams are composed of representatives from the following disciplines: school psychology, special education, regular education, speech/language therapy, social work, nursing, occupational therapy, physical therapy, staff development, and administration.

The TBI miniteam training consists of (a) an intensive two-day TBI workshop covering demographics, medical aspects, related services, short/long-term effects, age effects, family issues, assessment, school reentry, programming strategies, behavior management, and prevention of TBI; (b) a one-day technical assistance/consultation workshop covering how miniteam members can identify sources of comprehensive information on a student, determine evaluation needs, provide effective consultation, and aid schools in developing monitoring systems for students with TBI; and (c) yearly follow-up training consisting of in-depth coverage of a specific topic related to TBI (e.g., behavioral issues).

TBI preservice training is provided in the form of (a) a TBI awareness lecture delivered to students in introductory special education classes at Kansas universities and (b) a graduate-level class on TBI offered at The University of Kansas. To create a system for ongoing preservice training, TBI preservice training modules have been developed and disseminated to institutions of higher education throughout the state.

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EARLY INTERVENTION AND PART H

Don Bailey and Pamela Winton
with
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Abstract

1. There are three criteria for judging the success of early intervention: (a) implementation of an all-inclusive statewide program, (b) financing through coordinate resources and payments and (c) delivery of high-quality services to young children and families.

2. Considerable progress has been made, and all states have developed policies and procedures for implementing Part H.

3. Promising practices vary across the states and even within states, but essentially those practices are (a) flexible program structures, (b) flexible staff, (c) viewing the child and family within their respective family and community contexts, and (d) coherent, easy-to-use, and comprehensive services.

4. There are many barriers, especially (a) lack of adequate funding, (b) shortages of trained personnel, and (c) interagency coordination problems.

5. Congress can help ensure the full implementation of Part H by (a) expanding Medicaid eligibility to all Part H-eligible children, (b) changing the timeline requirements for entry into the system, (c) supporting personnel preparation and technical assistance activities, and (d) standardizing Part H and Part B requirements and procedures.

6. OSERS and other federal agencies should (a) give priority to collaborative personnel preparation proposals, (b) support the Federal Interagency Coordinating Council, and (c) expand Parent Training and Information Centers.

7. State and local agencies should (a) strengthen CSPD efforts, (b) encourage more interagency collaboration, and (c) promote local interagency collaboration.

1. What is early intervention? What outcomes signify successful implementation of early intervention?

Background

The concept of early intervention has a long and continually evolving history. Its foundations and current status are the results of both scholarly and sociopolitical influences (Shonkoff & Meisels, 1990). Over the last 100 years, the approach to young children (zero-five years of age) with disabilities has moved through several phases: from institutionalization, to deinstitutionalization with a "hit or miss" approach, to community-based services and supports, and then to the current approach of comprehensive and consistent community-based programs. One force that helped create the current emphasis on community-based programs was the advocacy efforts of families who bore the brunt of the lack of public support that followed deinstitutionalization. Advocacy groups were vocal about the fragmentation, duplication, and inconsistency of supportive programs for young children with disabilities and their families; they made a strong and convincing case that society would ultimately pay the "costs" if families were not supported in their efforts to care for and educate their children. Their call for a comprehensive, consistent, and coordinated network of services was based on their personal experiences and on a solid foundation of research, which indicated the following:

* Children who have disabilities or are at risk for having disabilities need specialized services to maximize their development and the likelihood of success.

* Families of children with disabilities often experience special needs and stresses.

* The provision of earlier services can mean the achievement of optimal outcomes for children and families.

* Because of the unique characteristics, needs, and resources of each child and family, no one curriculum or set of services could be expected to meet the needs of all. An individualized, multidisciplinary approach to service planning and delivery, therefore, is essential (Bailey & Wolery, 1992, p. 34).

The powerful combination of research and advocacy created a political climate ripe for reforming legislation. In 1986, Congress passed P.L. 99-457, the Amendments to the Education of the Handicapped Act (EHA). This legislation was passed for the following purposes:

> The Congress finds that there is an urgent and substantial need (1) to enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay, (2) to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after handicapped infants and toddlers reach school age, (3) to minimize the likelihood of institutionalization of handicapped individuals and maximize the potential for their independent living in society, and (4) to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps (P.L. 99-457, 1986, Sec. 671).

P.L. 99-457 is considered landmark legislation for a number of reasons (Safer & Hamilton, 1993). First, it was passed during an era in which the prevailing philosophy was for a reduced rather than expanded role for the Federal government in human services. Clearly, the solid information base indicating the benefits and cost effectiveness of early intervention played a convincing role. Second, it acknowledged the significant role of families in the lives of young children. The needs of the family are as much a focus of Part H as are the needs of the child (Safer & Hamilton, 1993). A third notable feature is the appreciation for state and community-level differences in existing early intervention resources, needs, and effective models. Congress' approach was to create a discretionary program phased in over a five- to seven-year period and tailored to meet each state's unique needs and characteristics. States were asked to transform existing fragmented, uncoordinated systems into ones that are comprehensive and coordinated. This task required reconceptualizing agency and discipline boundaries and rethinking relationships among agencies, disciplines, and consumers. States were not told how to do this or given rigid regulations about what the transformed system should be. However, within this flexibility, Congress had three specific goals for states:

(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with disabilities and their families;

(2) to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources (including public and private insurance coverage); and

(3) to enhance its capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families (Section 471, P.L. 99-457).

Outcomes

This suggests that the success of early intervention can be measured by three criteria:

(1) the implementation of a statewide, interagency program of early intervention for all infants and toddlers with disabilities in all states;

(2) the financing of this system through the coordination of resources and payment; and

(3) the delivery of high-quality services for the ultimate purpose of enhancing the development of young children with disabilities and supporting their families in their role as primary caretakers.

2. To what extent have these outcomes been achieved over the last five years?

Tremendous progress has been made in terms of all three of the goals identified above. One of the reasons why it is possible to describe progress toward outcomes is because of the wisdom of Congress in creating the Part C discretionary program of IDEA and its portfolio of projects such as model demonstration, outreach, in-service, technical assistance (TA), and research. Through the years and all across our nation, these programs collectively have supported and helped monitor state and community-level service system expansion and improvement. Data collected through Part C-sponsored projects provide the basis for the information on progress toward the three broad goals specified above.

Comprehensive Statewide System

According to a recent report prepared by the National Early Childhood Technical Assistance System (Trohanis, 1994), the following accomplishments have taken place over the last five years:

1. All states and jurisdictions have or are developing coordination plans and interagency agreements with other initiatives such as Head Start, developmental disabilities, Goals 2000, maternal and child health, child care and development, mental health, Supplemental Security Income, Healthy People 2000, Title I, Even Start, and Medicaid. For example, 47 state educational agencies have agreements with Head Start.

2. All states have developed policies and/or resource materials in areas that include eligibility, individualized service plans, service coordination, transition, least restrictive environments/natural environments, procedural safeguards, child identification, health care, and diversity.

3. All states and jurisdictions have streamlined and/or developed organizational structures that create collaborative coordinating mechanisms. This infrastructure is intended to facilitate planning, decision making, and empowering parents so that local, regional, and state responsibilities can be bridged for service delivery involving public and private providers. For example, 41 states include local interagency coordinating councils in their Part H system.

4. Eleven states and jurisdictions have formally incorporated in their eligibility definitions at-risk populations to be served by the Part H program. Additionally, several other states are including children with combinations of risk factors or multiple established conditions in their definition of developmental delay.

5. All states and jurisdictions are providing direct services to their infants, toddlers, and preschoolers with disabilities and their families, thereby expanding access to services. For the birth to age three range, all eligible states and jurisdictions since September 30, 1994, are providing an entitlement to early intervention services. And all states and jurisdictions since the 1992-93 school year are ensuring the provision of a free appropriate public education to all eligible three- through 5-year-olds, leading to a dramatic growth in the number of children being served.

Financing the System Through Coordination of Resources and Payment

Trohanis (1994) also reports that progress has been made in terms of financing and the coordination of resources:

1. All states are designing and undertaking to coordinate the use of multiple funding streams to enable their systems to operate more effectively and efficiently. For example, 20 states use a sliding fee system of payments and 47 states report making use of Medicaid to fund their state Part H programs.

2. All states and jurisdictions indicate a high level of volunteer and collaborative participation, including involvement in the State Interagency Coordinating Council, council task forces and committees, and local and regional activities. The leveraging of significant human resources across agencies, institutions, and constituent groups for the

purpose of better serving young children with disabilities and their families is a noteworthy accomplishment.

High-Quality Services

Documenting the extent to which the services being delivered are of high quality presents numerous challenges, especially given the lack of a uniform definition of "high quality" and the respect for individual community differences in terms of effective models; however, there is some evidence that states are successfully attending to quality issues. Trohanis (1994) reported that all states and jurisdictions are addressing the complexities of ensuring that personnel (e.g., early interventionists, teachers, occupational and physical therapists, speech-language pathologists, psychologists, paraprofessionals, and nurses) are qualified to operate their respective comprehensive service systems. Data suggest that the regional faculty training institutes funded through Part C of IDEA are assisting states in making progress in implementing the personnel preparation components of Part H. Examples of progress promoted through the Southeastern Institute for Faculty Training (SIFT) described by Winton, Catlett, & Houck (in press) include the following:

> * In one state, three regional Early Intervention Training and Technical Assistance teams were formed to provide community and regional-based in-service training. The teams were supported by three key state agencies; and university faculty, trained through the faculty training institute, serve as resources to the teams.

* In another state, SIFT-trained faculty have crafted articulation agreements that will foster the transition of preservice trainees from community college programs (two-year) into Part H discipline-specific training programs (four-year). This state is working to promote similar articulation agreements throughout the state as a strategy for addressing personnel shortages.

* In another state, faculty trained through SIFT have developed and implemented statewide training on transitions, funded through Part H and Part B money.

Data from the Early Childhood Research Institute on Service Utilization (Harbin, 1994) provide further evidence of progress in terms of quality issues. Based on preliminary findings from a systematic study of Part H implementation in three states, they report the following evidence of success:

* Families have little delay getting into programs, once they find them.

* Service providers are seen as a valuable support to the family, referring to them as "friends more than professionals."

* Families report that professionals are responsive to families' concerns and priorities.

Individual success stories, as reported by Winton et al. (in press) and Harbin (1994), suggest that quality is being embedded into existing community programs, as the systems adapt to the new ideas associated with Part H. The ultimate goal of Part H, to reduce current and future costs to society that might be incurred if children and families are not supported in ways that maximize productivity and independence, is one that can only be answered over time with longitudinal research. In a sense, the question of the efficacy of early intervention has already been answered by studies that predated P.L. 99-457 (for integrative reviews of efficacy studies, see Casto & Mastropieri, 1986; Farran, 1990; Guralnick & Bennett, 1987; White & Casto, 1985). Follow-up data continue to document the benefits to early intervention. The question for the 1990s is: What are effective and efficient models for delivery of high-quality early intervention?

3. What educational models/procedures are most effective for achieving these outcomes?

One of the lessons learned many years ago about early intervention models was the futility of trying to identify a single effective model of services that could be imported around the country. Each individual state, community, and even neighborhood has its history, traditions, and unique needs for early intervention services. What works in Harlem (NY) will not necessarily work in Harlem (KY). Today there are 130 model projects supported through the Early Education Program for Children with Disabilities under Part H. These programs are designed to provide information on effective programs and techniques across broad and diverse populations and sites. These projects each have an evaluation component so that their effectiveness might be judged by others wishing to adopt some aspect of their model. Effective strategies for sharing early intervention techniques and materials developed by these projects with states and communities include the following: NEC*TAS-sponsored networking and sharing meetings for state representatives from Part H, 619, and EEPCD Projects and ongoing technical assistance and information sharing provided through NEC*TAS and the regional faculty training institutes.

What is known about successful models is, in part, embedded in a current request for proposals by the U.S. Department of Education to develop, evaluate, and disseminate strategies that would move successful practices of early intervention programs into the early elementary grades. These practices include family-friendly approaches to planning and providing services, integrated and coordinated delivery of services, and developmentally appropriate services. Schorr (1989) suggests four characteristics of effective programs:

1. Program structures are flexible and able to adapt to the complex ecologies they are intended to serve.

2. Staff are flexible and able to refine their roles to respond to the diverse and sometimes unexpected needs of the community.

3. The child is seen in the context of the family, and the family is seen in the context of the environment.

4. Services are coherent and easy to use, and a broad spectrum of intense services is offered.

4. What are existing barriers?

While much progress has been documented, it is no surprise that much work is still required, given the complexities and challenges associated with the reforming aspects of the early intervention legislation. The barriers, or areas which are in greatest need of attention and resources, are outlined in terms of the three major goals listed above.

Comprehensive Statewide System

Part H has been described by some as "glue money" that would integrate the various existing state and local programs serving young children and their families; unfortunately, in many states the "pieces" or programs that were to be glued together are in short supply. Clearly, there was recognition by policymakers that states differed in terms of resources and levels of coordination prior to the passage of Part H; there needs to be continued recognition and support for states as they attempt to make significant and complex changes across numerous agencies. A survey of states conducted in the mid-1990s related to collaboration between Part H and Title V Maternal and Child Health and Children with Special Health Care Needs Programs identified specific barriers to collaboration (Aliza, 1993). The following is a list of the four major categories into which barriers were grouped and the percentage of states in which each barrier was mentioned:

* systems barriers (83 percent)
* barriers related to staffing (43 percent)
* financial barriers (28 percent)
* barriers related to data and reporting needs (2 percent)

According to the report by Aliza (1993), almost half the states identifying system issues described philosophical and service model differences between agencies that disrupt a shared vision for comprehensive care as a major barrier. One-third of the states cited existence of different regulations, protocols, eligibility criteria, and definitions on both a state and federal level as major barriers. The lack of adequate staff or staff time was the primary staffing barrier mentioned. More recent data collected by Harbin (1994) validate the earlier survey. She and her colleagues identified the following barriers:

- Uneven commitment exists among state and local agencies.
- There are systems differences in terms of the following Part H components and Part H and Part B: eligibility, service coordination, approaches to families, and planning mechanisms [IEP vs. individualized family service plan (IFSP)].
- Time and logistics necessary for all of the meetings needed for coordination present challenges.

Financing

For most states, coordinating financial and other resources to support Part H services has been one of the most challenging aspects of implementation (Safer & Hamilton, 1993). The challenges include:

- Finding sufficient funding and other resources for the Part H program, given the current economic difficulties of many states (Safer & Hamilton, 1993);
- Accessing Medicaid and other funding sources that have inherent restrictions or are targeted for a narrower purpose (e.g., health services) or for a broader population (e.g., birth to 21-year-olds) (Safer & Hamilton, 1993).
- Forging financial agreements with other agencies that are supportive of Part H. For instance, in one state new regulations are threatening to make it impossible

for day care providers to receive a higher care rate for serving children with disabilities. This will reduce the number of quality day care options and thwart the legislative intent that children be served in natural settings.

High-Quality Services

Barriers to quality services will be described in terms of the following domains: the personnel to deliver services and certain critical characteristics of those services (timeliness, effectiveness, family-centeredness, coordination, and individualization).

Data have indicated that personnel preparation is the Part H component in which states have made the least amount of progress (Harbin, Gallagher, & Lillie, 1991). In fact, personnel preparation has been described as the greatest early intervention challenge currently facing the field (Szanton, 1993). Bailey, Palsha, and Huntington (1990) have documented the absence of early intervention content in preservice special education programs; Bailey, Simeonsson, Yoder, and Huntington (1990) have shown that this is the case in other key disciplines as well. Research by Gallagher and Staples (1990) and Meisels, Harbin, Modigliani, and Olsen (1988) has documented personnel shortages. Data reported by Winton et al. (in press) suggest that personnel preparation efforts in the 10 southeastern states suffer from a lack of human and financial resources; this condition compromises the ability of states to attend to issues of quality. In addition, their data suggest that the Comprehensive System for Personnel Development that is supposed to serve as a blueprint for personnel planning efforts does not seem to serve as a meaningful document across state agencies and that collaboration across agencies and institutions is not happening with consistency or regularity. It has been noted that these problems will require a concerted, systemic-and long-term effort to resolve (Winton et al., in press). Specifically, states need support and assistance in addressing the following barriers:

1. Preservice training programs are not adequately prepared to include new Part H competencies in the training they provide to students.

2. Personnel training systems to provide current and future inservice training to upgrade the skills of practitioners are either absent, underfunded, or underdeveloped.

3. Most states lack a workable plan for recruiting and training new personnel to meet the documented shortages, prepare entry-level personnel, and upgrade the skills of existing personnel.

In terms of barriers that exist related to the characteristics of existing services, the following have been identified by Harbin et al. (1991) and by state agency personnel (Munn, personal communication):

1. The 45-day timeline for IFSP development is unrealistic for some families and actually creates stress and tension, as some families feel as if they have "whiplash" from being moved through the referral and planning process at a speed with which they are uncomfortable.

2. The paperwork related to IFSP and IEP forms, documentation for monitoring, etc., takes away from the time that can be spent delivering high-quality services.

3. The shortage of high-quality early childhood sites for inclusion makes it hard to honor the intent of the legislation that services be delivered in natural settings whenever possible.

4. Some of the requirements for referral, evaluation, and IFSP development result in families sometimes being discussed by agencies without their knowledge, thus violating confidentiality.

5. Provide two or three specific recommendations for action by Congress.

Part H has been a successful and important piece of legislation. Its continuation is critical if services to young children with disabilities and their families are going to be available in a comprehensive and integrated fashion. In order to improve this system and ensure that it is viable, several recommendations are suggested for action by Congress.

Expand Medicaid Coverage to Finance Services

Paying for services stands as one of the key barriers to the provision of comprehensive and coordinated services. Recommendations are that Congress extend Medicaid eligibility to all Part H-eligible children, regardless of income status. This would provide states both a resource and an incentive, would increase services, and would streamline service delivery. Work with families also should be included as one of the services eligible for Medicaid reimbursement.

Change the Timeline Requirements for Entry into the System

The current entry process does not respect the family's right to confidentiality and decision making, resulting in children and families being discussed by agencies without their knowledge or consent. Legislation should stipulate that no child be referred for services without family consent and that the 45-day requirement for evaluation and IFSP development should begin after the family has agreed to be considered for services.

Support Personnel Preparation and Technical Assistance

The financial resources that have been directed at personnel preparation and technical assistance have been inadequate to the challenges and complexities of the need. It is recommended that a national system of technical assistance continue to be available. In addition, states should be required to set aside at least 10-15 percent of their Part H allocation for interdisciplinary personnel preparation and technical assistance activities. This would significantly help personnel and programs fully implement the mandates of Part H.

Standardize Part H and Part B Requirements and Procedures

The absence of coordination between Part B and Part H programs suggests that statutory changes need to be made to require more uniformity between programs. Congress should consider linking these systems in a more formal way, with a single system of services in which all programs for children from birth through age five:

- use an IFSP format and a family-centered approach to services;
- include service coordination;
- have similar eligibility requirements; and
- require interagency collaboration, including a birth to age five interagency coordinating council (ICC).

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Give Priority to Collaborative Personnel Preparation Proposals

Federal support for personnel training has played a critical role in meeting the needs for adequately trained personnel. Federal funds to states to support personnel preparation should continue. These funds should require collaboration among state agencies. Perhaps priority could be given to joint applications to support collaborative personnel preparation between Part H and Part B programs and between state agencies and institutions of higher education. Although it is reasonable to expect colleges and universities to contribute substantially to the faculty costs of these programs, federal funds provide critical support for student tuition, fellowships, and assistance to faculty in implementing the program.

Support the Federal Interagency Coordinating Council

Congress should allocate funds to support the Federal Interagency Coordinating Council so that it can meet its mandated activities. Federal agencies should be encouraged and given the resources to work together, providing a model for the collaboration that is expected of states.

Expand Parent Training and Information Centers

Expansion of funds to support the establishment of more Parent Training and Information Centers should take place. These centers provide critical support for families as they interact with service delivery systems.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

Strengthen the Comprehensive System for Personnel Development

The Comprehensive System for Personnel Development should be reorganized in order to strengthen its usefulness as an interagency planning document. States should be encouraged to reexamine their CSPD plans and to make the data and guidelines within those plans a more powerful stimulus for promoting high-quality, interdisciplinary, and comprehensive personnel preparation efforts. University faculty have played a significant and important role in the Part H personnel preparation efforts, often as "volunteers" serving on ICC subcommittees. Their pivotal position as trainers of future generations at the preservice level and resources for in-service training should be recognized and supported by providing them with opportunities to increase their knowledge and skills in early intervention content and training strategies.

Encourage Greater Collaboration Among Agencies

Collaboration and linkages between agencies, disciplines, and levels of the early intervention systems seem critical for the success of Part H. Often these linkages are based on personal relationships. Structuring opportunities for individuals at all levels to continue to work together in collaborative endeavors should be part of the federal agenda. States should be expected to include representatives of key agencies such as Head Start on state and local interagency coordinating councils. State agencies should be encouraged to blend funding to support innovative services and statewide technical assistance systems.

Promote Local Interagency Collaboration

States should be encouraged to focus their technical assistance and training efforts in support of local interagency collaborative efforts. The provision of community-based supports, services, and service coordination is essential for the full implementation of high-quality early intervention services.

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Annotated Literature Abstract

Citation

Shelton, T. L., & Stepanek, J. S. (1994). Family-centered care for children needing specialized health and developmental services (3rd Ed.). Bethesda, MD: Association for the Care of Children's Health.

Abstract

The authors provide a rationale for a family-centered approach, trace the evolution of family-centered services, and articulate principles of family-centered practices. Now in its 3rd edition, this monograph has been highly influential in helping to set a high standard for the family component of Part H.

Key Points and Quotes

1. Critical dimensions of family-centered practices can be articulated to provide guidelines for family support efforts in the context of early intervention.

The Key Elements of Family-Centered Care

* Incorporating into policy and practice the recognition that the *family is the constant* in a child's life, while the service systems and support personnel within those systems fluctuate.

* Facilitating *family/professional collaboration* at all levels of hospital, home, and community care....

* *Exchanging complete and unbiased information* between families and professionals in a supportive manner at all times.

* Incorporating into policy and practice the recognition and *honoring of cultural diversity*, strengths, and individuality within and across all families, including *ethnic, racial, spiritual, social, economic, educational, and geographic diversity.*

* Recognizing and respecting *different methods of coping* and implementing comprehensive policies and programs that provide *developmental, educational, emotional, environmental, and financial supports* to meet the diverse needs of families.

* Encouraging and facilitating *family-to-family support* and networking.

* Ensuring that *hospital, home, and community service and support systems* for children needing specialized health and developmental care and their families are *flexible, accessible, and comprehensive* in responding to diverse family-identified needs.

* *Appreciating families as families* and children as children, recognizing that they possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized health and developmental services and support. (p. vii)

Annotated Literature Abstract

Citation

Meisels, S. J., & Shonkoff, J. P. (1990). Handbook of early childhood intervention. New York: Cambridge University Press.

Abstract

This edited volume provides a comprehensive perspective on the history of early intervention, the concept of vulnerability during the early years, theoretical bases of early intervention, approaches to assessment, models of service delivery, research issues, policy issues, and future directions. The various chapters reinforce an ecological and transactional approach to early intervention and highlight the importance of a systems perspective.

Key Points and Quotes

1. Early intervention has a strong basis in research, theory, and social advocacy.

"The concept of early childhood intervention has roots that extend back to the earliest years of our country's history. Its foundations are humanistic, scholarly, and, above all, sociopolitical. The development of service models in the next decade must balance a responsiveness to children's and families' needs with a respect for the privacy of family life and a commitment to parental autonomy in child rearing. Consequently, the best early childhood programs will aim for maximal support and minimal intrusion in the lives of those who can benefit from their assistance. Ultimately, early childhood intervention must reflect our best attempts to translate ever-growing knowledge about the process of human development into the formation of the best kind of environment in which a child can grow." (pp. 26-27) [This quote comes from Shonkoff, J., & Meisels, S., Early childhood intervention: The evolution of a concept, pp. 3-31 in this text.]

2. Early intervention must be viewed from an ecological perspective. The well-being of children is influenced by a host of factors that must be incorporated in research, practice, and policy.

"The challenge is both intellectual and spiritual. The intellectual challenge is to insist upon analytic models that are ecologically valid--that incorporate (or at least address) the full range of influences upon children, from the organismic to the macro-social....The spiritual challenge is to refuse to despair when faced with the ecological 'conspiracies' that envelop children in high-risk social environments. We must refuse to despair and refuse to capitulate to narrow intervention approaches, single-variable models, and other efforts to deny the importance of ecological validity." (p. 95) [This quote comes from Garbarino, J., The human ecology of early risk, pp. 78-96 in this text.]

Model Profile

Lori and Keith Greene had been married for 16 months when their first child, Andrew, was born. Although relatively young (Lori was 21 years old and Keith was 22) and struggling financially, they were excited about becoming parents. As Lori put it, "We both come from big families. Having babies is part of what being married is all about. We couldn't wait to have our own." Lori's pregnancy was routine, allowing her to continue working as a cashier at WAL*MART until she went into labor. Delivery, however, was complicated and the baby was deprived of oxygen during birth. "It was like living in a nightmare," says Lori. "Sometimes, even now, I wish I could just wake up one day and find it was all a bad dream and Andrew's problems would disappear."

During his six-week stay in the neonatal intensive care unit (NICU), Andrew developed seizures, was difficult to feed, and the effects on his motor movement were becoming increasingly apparent. Eventually, Andrew would be diagnosed as having spastic quadriplegia (excessive tightness and the inability to effectively control the muscles in his arms and legs). While Andrew was still in the NICU, the local early intervention program was contacted by the hospital staff. Lori and Keith agreed to have someone from the early intervention program visit with them, see Andrew at the hospital, and assist with the transition from hospital to home. Christine Salinger, an early childhood special educator, was assigned to work with the family.

Christine spent time talking to Lori and Keith about Andrew's medical condition and what it might mean in terms of his development. She also listened to their concerns and tried to answer their questions or encouraged them to ask the doctors. "I don't know what I would have done without Christine then," says Lori. "Everything was so confusing and I was so scared. She took the time to really talk with us. Everybody else always seemed in a big hurry." "Yeah," adds Keith, "and she didn't make me feel ignorant for asking things."

After Andrew was discharged from the NICU, Christine visited the Greenes at home once a week. For the first few months the focus of intervention was on feeding, controlling Andrew's seizures with medication, and making some modifications in basic baby care (diapering, bathing, dressing, holding) to accommodate his increasing muscle tightness. Christine also helped Lori negotiate the medical maze of doctors and clinics that Andrew needed. This included arranging for a physical therapist to see Andrew on a regular basis. The family decided that Lori should stay home to care for Andrew, but Keith's salary as a driver for an independent trucking firm barely covered the basic necessities. Christine assisted the family in applying for Medicaid to cover Andrew's medical expenses. "It was hard enough on Lori just worrying about keeping Andrew alive and well," says Keith. "If we'd had to worry about paying all those doctor bills too, I don't know if she could've handled it."

Once Andrew's seizures were under better control and his overall health stabilized, the family became more concerned about other aspects of his development. Christine talked with Lori and Keith to find out what they most wanted for Andrew and for their family as a whole. "I didn't always agree with what Lori and Keith thought was important for Andrew," says Christine, "but Andrew is their child and it's their life. All I can do is give them information and let them decide for themselves what they want to work towards."

One such disagreement occurred when Andrew was about 18 months old. Lori and Keith wanted Andrew to be able to sit at the kitchen table to eat supper. Having the entire family sit together at the end of the day to say grace and eat supper was important to them—a tradition observed by both Lori's and Keith's own families as they grew up. The physical therapist and Christine both thought that Andrew needed a special chair for feeding, one that would hold his head in a good position for eating and support his whole body. Christine explained the advantages of using a special feeding seat but left the final decision up to the parents.

In the end, Lori and Keith decided they wanted to at least try to have Andrew sit at the family table, and Keith thought that maybe he could adapt the highchair that his mother had given them before Andrew was born. The physical therapist came out to the house with Christine one day and explained to Keith what Andrew needed in the way of positioning. Keith constructed an insert for the highchair, and his mother helped Lori design and sew a slipcover for it. The adapted chair didn't provide ideal positioning for Andrew, but Keith and Lori decided to continue using it. In fact, a few months later Keith used the ideas he had gotten in building the highchair to adapt an old-fashioned wooden rocking horse he found at a garage sale.

Keith and Lori also wanted Andrew to be able to play with toys, but Andrew had extremely poor hand and finger coordination and couldn't pick up or manipulate even the simplest toys. Christine suggested that they might want to adapt some batteryoperated toys by adding a simple switch that Andrew could push with his hand. Keith and Lori bought a few toys and Christine showed them how to build the switches, position Andrew, and teach him how to operate them. "The look on their faces when Andrew pushed the switch over and over again to make the merry-go-round work was priceless," says Christine. "So was Andrew's giggle when he realized that he was the one making it go around and play a tune."

Shortly after Andrew's second birthday, the trucking company that Keith worked for was in a slump and Keith's hours were severely reduced. Christine noticed that Keith was home more often when she came for visits, but it wasn't until a few weeks later that Lori told Christine they were experiencing a real financial crisis. Christine and Lori talked about the various options available. They talked about Lori going back to work, applying for food stamps, asking Lori's and Keith's parents for help, and a number of other ways to tide the family over. In the end, Lori and Keith sought assistance from a source that Christine knew about called "Loaves and Fishes." "Loaves and Fishes" is a community organization operated entirely by volunteers that supplies emergency food and supplies to families in crisis. Lori and Keith liked this option because they could volunteer some work hours at "Loaves and Fishes" and feel as though they weren't just accepting charity. A few months later, Keith found a new job with another trucking firm and the family's financial difficulties were resolved soon afterwards.

There is nothing extraordinary about the Greene family. They are representative of many children and families who currently receive early intervention services through Part H of IDEA. This brief description of the Greene family, however, provides examples of the type of service delivery that is most helpful to families. First, the immediacy of services is important. Long waiting lists or other delays in accessing services can be very stressful to parents when they suspect or first become aware that their baby has developmental delays. Second, parents should be treated with respect. They should be listened to and services should be designed and implemented in accordance with what the parents deem to be important for their children and themselves. This requires that service providers be sensitive to and respectful of cultural and individual differences. It also requires that service providers be responsive to changes in family priorities over time. Third, services need to be coordinated. The maze of medical care, financial assistance, and other service agencies can be extremely confusing to parents newly entering the system. Service providers assuming responsibility for coordination need to be fully aware of the resources available in the community and assist families in accessing those that they want. Fourth, services should meet the needs of the entire family and not just the needs of the young child with disabilities. If the basic needs of the family are not being met, the parents cannot devote their efforts to meeting the educational and developmental needs of the child. Most important, quality early intervention demands that services be individually tailored to meet the unique needs of each child and family. This requires considerable flexibility on the part of programs and individual practitioners and an array of services within communities from which parents can choose.

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EARLY CHILDHOOD EDUCATION

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Abstract

1. The outcomes of early childhood services relate to the child and, equally importantly, to the child's family. With respect to the child, the outcomes are increased capacities across health, cognitive, language, motor, and socio-emotional status and decreased likelihood of developmental delays. With respect to the family, the outcomes are increased capacities to meet their child's special needs.

2. To achieve these outcomes, (a) the child should be included in the most natural environments possible, (b) family-centered services should be developed, and (c) collaboration and coordination of services among families and professionals from various disciplines should occur.

3. The knowledge and technical skill base exists to (a) enhance child development, (b) increase families' capacities to meet their children's special needs, (c) deliver services in the least restrictive settings, and (d) ensure collaboration and coordination.

4. Notwithstanding the fact that the knowledge and technical skill base exists and is in operation in various programs throughout the country, major problems in implementing child development, family capacity, the least restrictive environment, and collaboration and coordination still exist nationwide.

5. Congress should improve IDEA and the federal role in early childhood services by requiring each state educational agency to develop a plan to evaluate and enhance its early childhood programs by adopting best practices.

6. OSERS should (a) support self-evaluation assessments to capture the components of best practices and develop resources to promote their implementation nationwide, (b) make federal funding available to help teacher training programs upgrade their preservice curricula to reflect current best practices, and (c) fund research on interagency interdisciplinary best practices and on family participation and effects of disabilities on families.

7. **State and local agencies should develop technical assistance, dissemination, and resource network systems, in partnership with parent groups and university training programs, to ensure that providers adopt best practices.**

1. *What outcomes signify successful implementation of the issue?*
2. *To what extent have these outcomes been achieved in the last five years?*
3. *What educational models/procedures are most effective for achieving these outcomes?*
4. *What educational models/procedures most inhibit these outcomes?*

This report on early childhood services responds to all four of these questions simultaneously, for the sake of clarity. It does so because there are two basic outcomes for early childhood services and two basic techniques for achieving those outcomes. Within each outcome and technique, documented facilitating and impeding models/procedures exist.

There are two basic outcomes: (a) those related to the child's development in the domains of health, cognitive, language, motor, and socio-emotional status and (b) those related to the family of the child.

These outcomes require two techniques: (a) inclusion of the child in the most natural environments possible and (b) family-centered services and collaboration and coordination of services across professionals and the families.

Set out below is a description of (a) the child-related outcomes, under the heading "Quality Services: Individualizing Within a Child Development Framework," (b) the family-related outcomes, under the heading "Family-Centered Service," (c) the issues related to "Inclusion," and, finally, (d) the issues related to "Collaboration and Coordination." Within each of these topics is discussed (a) the best practices that serve as indicators of the successful implementation of early childhood services and (b) a description of the extent to which the outcomes have been achieved.

A few introductory remarks are appropriate before addressing the outcomes within this four-part framework.

Based on more than 25 years of experience in research, program development, and service provision, the value of providing early childhood services to children with disabilities and their families has been well established (Guralnick, in press; Guralnick & Bennett, 1987). The continuing testimonials from parents and service providers and the often compelling developmental logic for providing a consistent, integrated series of services and supports to children and families during the early years have been corroborated by numerous research findings. In virtually all respects, IDEA reflects this perspective.

Having achieved consensus that comprehensive early intervention programs yield important benefits to children and families, the important components of early childhood services that have made this possible have been the focus of interest. The following four components have now been well established:

(1) quality services: individualizing within a child development framework

(2) family-centered service

(3) inclusion

(4) collaboration and coordination

1. Quality Services: Individualization Within a Child Development Framework

The hallmark of quality early childhood services is the ability to adapt those services to meet the unique needs of each child and family. The extraordinary range of individual differences that characterize children and families presents a major challenge for early childhood service personnel. To optimize each child's development and to provide essential family support services, a thoughtful and comprehensive assessment process that is meaningfully connected to intervention and evaluation procedures is required. Important questions include the following: Which intervention model makes most sense, how intensive should the program be, what specialists should be involved, and what short- and long-term goals should be pursued? An appropriate answer to each is linked to numerous factors, especially the child's characteristics, the availability of family resources, and needs as perceived by the family (Guralnick, 1989, 1993). Family input into the planning process is especially critical, and a variety of instruments are now available to facilitate this collaboration (see Dunst, Trivette, Starnes, Hamby, & Gordon, 1993). As a consequence, a key element to providing quality services is the service program's ability to establish a well-developed organizational structure for both designing and monitoring their early intervention programs (Casto & Mastropieri, 1986; Guralnick, 1975; Snyder & Sheehan, 1993).

Providing quality services requires both knowledge and practice in general child development as well as the ability to implement special educational techniques. This combination of highly individualized educational programs and a context of developmentally appropriate educational activities is most likely to ensure high-quality services. Part of this process of ensuring consistency with developmentally appropriate practices is to establish curricular goals that reflect the integration of various developmental domains that are functionally important to the child.

Achievement of Outcomes

A substantial number of programs exist whose services exemplify the ability to individualize for children with disabilities in a sophisticated way within a common child development framework. Unfortunately, once again, this best practice is far from common practice. Recent surveys by Goodman and Pollak (1993), for example, and related in-depth analyses have suggested that many curricular goals for children with developmental disabilities are not at all consistent with developmentally appropriate practices, tending to reflect a series of isolated nonintegrated skills. Often, the individual educational plans do not appear to be guided by a broad understanding of the important developmental tasks of young children.

2. Family-Centered Service

One of the most dramatic changes in recent years in the field of early intervention has been a shift from a child to a family focus (Brown, Thurman, & Pearl, 1993). The rationale for this still-evolving shift to family-centered services can be traced to two primary sources. First, advances in developmental theory and research have revealed the intricate interdependencies that exist between children's development and the family ecology (Belsky, 1984; Bronfenbrenner, 1979; Sameroff & Chandler, 1975). Especially important has been professionals' ability to identify specific features of family-child relationships that influence developmental outcomes for children at-risk and for those with disabilities. As a consequence, one challenge for early childhood services has been to figure out how to provide a system of supports and services that strengthens families and enhances their competence and confidence. Strong, supportive, and knowledgeable families yield better developmental outcomes for children.

Second, the emphasis on family-centered services in early intervention is embedded within a larger shift in societal values that have profoundly altered the professional-client/consumer relationship (Barber, Turnbull, Behr, & Kerns, 1988; Turnbull, Summers, & Brotherson, 1986). Specifically, those receiving services are no longer perceived, nor perceive themselves, as passive recipients of those services, as they had been regarded for many years. In contrast, decision making within contemporary service and support systems remains in the hands of the families as they gather information and advice and form collaborative partnerships with relevant professionals. In essence, best practice early childhood services are those driven by consumers, and these services are often designed to enhance the competence of all family members (Dunst, Johanson, Trivette, & Hamby, 1991).

Achievement of Outcomes

Although research has confirmed that this shift toward family-centered services has a significant impact on both family satisfaction and well-being and on child development, the implementation of these principles has not found its way fully into the general service system. Recent surveys, for example, have indicated the concept of family-centered services falls far short in practice (Mahoney & O'Sullivan, 1990). A number of difficulties have been identified, including administrative problems such as the absence of guidelines for working with parents or insufficient time for staff to interact with parents. Other problems are the difficulty many families have in keeping appointments and attending meetings, mismatches between the experiences of educators and experiences of parents, and the numerous stressors and absence of supports that affect many families.

3. *Inclusion*

An equally powerful movement has been to maximize the inclusion of children with disabilities and their families in the most natural environments possible (home, school, and community). This movement toward inclusion has indeed been driven by and thoroughly embedded within a well-developed value system (Taylor, 1988), one that has received considerable support from the research literature (Guralnick, 1990). The now numerous investigations examining outcomes for children with and without disabilities who were enrolled in inclusive preschool and day care settings have provided virtually unequivocal support for the feasibility and effectiveness of an inclusive developmental approach (Buysse & Bailey, 1993; Lamorey & Bricker, 1993). Consistent findings indicate the absence of adverse effects on development in any way (i.e., for cognitive, motor, communicative, or affective domains) for children with or without disabilities as a consequence of participating in inclusive programs. Moreover, although benefits will certainly vary in accordance with specific child characteristics, important advantages in terms of peer-related social skills for children with disabilities have been documented as a direct result of participation in inclusive settings (Guralnick & Groom, 1988; Miller et al., in press). Apparently, inclusive settings allow the greater demands placed on children to enhance development in social domains. Moreover, opportunities to learn from peers during play and other informal activities confer additional advantages.

When parents are asked about the benefits and drawbacks of inclusive programs, researchers find highly supportive attitudes (Bailey & Winton, 1987; Blacher & Turnbull, 1982; Guralnick, 1994; Peck, Carlson, & Helmstetter, 1992; Reichart et al., 1989; Turnbull, Winton, Blacher, & Salkind, 1982). Parents of children with disabilities consistently cite the importance of inclusion with respect to enhancing children's social and emotional development, preparing children for later community-based experiences, and developing sensitivity to individual differences. Similar positive views are held by parents of children without disabilities.

Achievement of Outcomes

Despite seemingly unequivocal support in the research literature for the value of inclusion, progress has been particularly slow. Numerous administrative barriers have been identified, including issues related to the blending of funding, transportation, and collaboration that have blunted parents' efforts to press for inclusive education for their children. In addition, there appears to be resistance within the broader special education community.

Moreover, long-standing concerns of parents may not have been adequately addressed, thereby creating even less of an incentive for change at a systems level.

These concerns are based on two considerations: Parents are worried that instructional and other related resources will not be available in inclusive settings for their child with a disability, and they are concerned that their child will be socially isolated (Guralnick, Connor, & Hammond, in press).

4. Collaboration and Coordination

The notion of the "whole child" is sometimes lost in the midst of the array of assessments and interventions conducted by various disciplinary specialists. A focus on a child's health and on cognitive, language, motor, or socio-emotional development can too easily lead to a series of individual services rather than to a truly integrated early intervention program. The lack of integrated early childhood services, however, is both inefficient and counterproductive and fails to permit a meaningful, comprehensive program from being established. Fortunately, the now well-developed and tested interdisciplinary process that has evolved over the years is capable of overcoming many disciplinary barriers (e.g., Gibbs & Teti, 1990). Through this process, priorities can be established, discrepancies among assessments or differences of opinion resolved, and an integrated assessment achieved.

To generate such a consistent and integrated program, however, communication is required at all levels. Specialists within programs must cooperate effectively among themselves and present a coherent program to the family. Because many agencies are often involved with the family and child, mechanisms to facilitate interagency communication and collaboration are essential. This is especially important for children who transition from Part H to Part B services. Strategies relying upon interagency agreements and other techniques have become common practice in the field of early intervention (Bruder & Bologna, 1993).

Achievement of Outcomes

Collaboration/coordination is one of the most difficult features of early childhood services. Much remains to be accomplished. Perhaps the primary indicator of a successful outcome is the existence of a strong service coordinator who takes a leadership role in the provision of early childhood services. The importance of this leadership role has been demonstrated in recent work by Shonkoff, Hauser-Cram, Krauss, and Upshur (1992), whose research shows that the existence of leadership to coordinate early childhood services is associated with better outcomes for children.

Recommendations

Taken together, from a national perspective, the knowledge and technical base to implement the four components associated with optimal early childhood services is available. What remains to be accomplished is its implementation on a widespread basis. As noted, barriers preventing full implementation exist at all levels (state and local). More fundamental barriers related to resources, teacher training, philosophical and value differences of staff, and parental concerns combine to create formidable obstacles to optimal service provision. Moreover, insufficient information is available both on the models that work and the relevant research findings with regard to each of the four components associated with optimal early childhood services.

5. Provide two or three specific recommendations for action by Congress.

Congress should amend IDEA to require each state education agency, in conjunction with local education agencies, to develop a systematic plan to evaluate and enhance as needed the state's early childhood programs in relation to the best practice components. To accomplish this within a community-based framework, Congress should require the state education agency to require each local education agency to identify a lead early childhood program that will conduct needs assessments (through self-evaluation) and gather information and other resources to facilitate this process. Each local lead program, with state oversight and cooperation, should be required to take responsibility for both facilitating program development and monitoring outcomes at local levels.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

(1) The U.S. Department of Education should support a series of self-evaluation assessments capturing the components of best practices and developing resources to promote implementation. These assessments and implementation materials would then be distributed to state and local education agencies. An important part of this assessment would be to identify the unique concerns of parents.

(2) Federal funding should encourage teacher training programs to upgrade their preservice educational curricula to reflect these current practices. Particularly important

is an emphasis on developing leadership and coordination skills essential for quality programs and ensuring that teachers appreciate contemporary approaches for establishing developmentally sound integrative experiences for children.

(3) Federally sponsored research should be encouraged in two areas: (a) research on the best ways to accomplish the full implementation of IDEA utilizing a variety of processes, including team building, information dissemination, collaboration, involvement of universities, etc., and (b) research to be carried out with regard to a fuller understanding of parental issues that have been identified. This includes both problems in implementing family-centered approaches and ways to overcome those problems, and strategies to address parental concerns about the quality of services and possible social rejection of their child in inclusive settings.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

A statewide technical assistance, dissemination, and resource network system should be established under the auspices of a partnership formed by parent groups and university training programs to facilitate this process.

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Annotated Literature Abstract

Citation

Shonkoff, J. P., Hauser-Cram, P., Krauss, M. W., & Upshur, C. C. (1992). Development of infants with disabilities and their families. Monographs of the Society for Research in Child Development, 57(6, Serial No. 230).

Abstract

This important monograph describes the developmental changes of 190 infants and their families participating in 29 center-based early intervention programs. The importance of this study resides in the fact that by using a large sample, key components of service, family involvement, and coordination could be evaluated in relation to child developmental outcome and family well-being. The multidimensional nature of the impact on developmental outcome was highlighted in this monograph and provided important implications for public policy and best practices.

Key Points and Quotes

1. It is essential that we specify research and policy directions relevant to future early intervention services.

"The theoretical and applied importance of these findings is considerable. They suggest the need to question several prevailing assumptions about children with disabilities and their families and to reframe the fundamental research and policy questions to be addressed in the field of early childhood intervention. Rather than asking, What is the prognosis for an infant with Down syndrome or for a toddler with cerebral palsy? we must ask, How do both constitutional variations in the child and differences in the caregiving environment influence change in children's adaptive skills over time? Rather than assuming that maladaptation is common in families with young children with diagnosed disabilities, we must ask, Which difficulties experienced by families can be attributed to the child, and which are precipitated by factors that are independent of the child's special needs? Rather than asserting that early intervention programs assure optimal child progress and family adaptation, we must ask, What types of services are most likely to facilitate specific outcomes for children and families with specific characteristics? Rather than determining service eligibility primarily on the basis of the child's developmental diagnosis, we must ask, What are the unmet child and family needs for each potential service recipient, and how can limited resources be mobilized most effectively to best respond to those needs? Understanding the short- and long-term determinants of variations in infants with disabilities and in their families constitutes a central task for both empirical research and the formulation of public policy." (p. 138)

Annotated Literature Abstract

Citation

Guralnick, M. J. (1992). A hierarchical model for understanding children's peer-related social competence. In S. L. Odom, S. R. McConnell, & M. A. McEvoy (Eds.), Social competence of young children with disabilities: Issues and strategies for intervention (pp. 37-64). Baltimore, MD: Paul H. Brookes.

Abstract

In this chapter, a conceptual model, an assessment instrument, and recommendations for intervention were provided to improve the peer-related social competence of young children with disabilities. Important features of this approach were the identification of an integrative developmental approach; consistency with developmentally appropriate practices; and a longer-term perspective on expectations for developmental outcomes that guided specific teacher-child interactions.

Key Points and Quotes

1. Early childhood services must address the important dynamic behavior patterns of young children, not isolated forms of behavior.

"...perhaps the most demanding feature of social competence is that one is forced to attend to the dynamic and connected aspects of children's behavior patterns. In creating these behavior patterns, children must integrate, synthesize, and organize their knowledge and skills across sequences of social exchanges in order to solve the diverse problems of a social nature typically encountered in daily life." (p. 37)

2. The ability to foster children's peer interactions and friendships requires an integrated approach relying on numerous disciplines.

"In fact, the study of peer relationships, because of its fundamental integrative, sequential, and dynamic nature, has served as a catalyst for bridging the often disparate areas of linguistics, clinical child psychology, developmental psychology, and early childhood special education." (pp. 59-60)

Model Profile

This inclusive, community-based program provides services for families with children from infancy to five years of age. The comprehensive services, including child care, specialized services, therapies, health care, family support, and nutrition, are provided to all enrolled children, including those with diverse socioeconomic backgrounds, established disabilities, and diverse cultural values. All services are provided within the context of an early childhood environment and promote skill-building and positive self-esteem appropriate to the current and emerging developmental levels of the children.

Tuition arrangements for child care services for children from infancy to five years range from public subsidies (i.e., therapeutic child care, income assistance, child welfare, and scholarships) to full parent pay. The child care component of the program is licensed through the Department of Social and Health Services. The program is also a contracted Early Intervention program with the State Division of Developmental Disabilities for children from birth to three years of age.

The program has well-developed family-centered support, case management, and social services for all families and, most especially, those involved with multiple agencies. Inclusive classrooms reflect the program's commitment to quality education for all children.

This program exemplifies all of the best practice elements in the finest way possible. All aspects of the program reinforce family-centeredness. It is a highly creative, inclusive model which incorporates a community day care program blended with a more conventional early intervention program. The program takes a broad-based developmental approach within a Piagetian tradition, successfully integrates specialized educational techniques as needs arise, has established mechanisms for collaboration/coordination among service providers and related service agencies, and maintains strong relationships with university-based research and training programs. This center has won a national award for being an outstanding preschool program.

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LEAST RESTRICTIVE ENVIRONMENT: OVERVIEW AND UPPER SCHOOL

Susan Brody Hasazi and Katharine Furney
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Abstract

1. IDEA creates a presumption in favor of educating students with disabilities in general education environments while also acknowledging the need for a continuum of placement options. The perceived lack of prescriptiveness, paired with the continuum of services requirement, is considered a strength by those who view the present system as appropriate for meeting the needs of students with disabilities. On the other hand, those who are interested in restructuring special education to provide more integrated options consider the presumption and continuum provisions to be barriers.

2. Although many stakeholders agree that more students with disabilities could be integrated into general classrooms, there remains substantial disagreement around implementation issues related to the degree of integration and the approach to secure less restrictive education.

3. Promising approaches include (a) developing collaborative approaches to planning and teaching between special and general educators, (b) encouraging model demonstrations, technical assistance, and professional development opportunities, and (c) utilizing restructuring efforts in general and special education to create a shared vision and increased options for all students, including those with disabilities.

4. Barriers include (a) inadequate funding levels and special education funding formulas, (b) preservice preparation of special and general educators, and (c) historical commitments to separate organizational structures.

5. Congress should enhance LRE implementation by (a) appropriating to states the federal dollar allocations specified in IDEA, (b) eliminating categorical funding provisions which provide disincentives to the delivery of special education services in general education classrooms, and (c) supporting the preparation of regular and special educators in developing collaborative relationships for effectively teaching students with disabilities.

6. OSERS should promote LRE promising practices by (a) monitoring and providing technical assistance to states, (b) establishing incentives for including promising practices in proposals for model demonstration, systems change, research, and personnel preparation projects, and (c) preparing special and general educators at the preservice and in-service levels to collaborate on planning for and teaching students with disabilities in general education classrooms.

7. State and local agencies should promote LRE promising practices by (a) developing local education plans for implementing promising practices associated with LRE, (b) offering incentives for professional development for special and general educators and administrators to learn and use new skills and knowledge in order to include students with disabilities in general education classrooms, and (c) ensuring that all initiatives associated with Goals 2000, the School to Work Act, and other restructuring efforts include students with disabilities.

1. What outcomes signify successful implementation of the issue?

Since the passage of the Education for All Handicapped Children Act in 1975, many interpretation and implementation questions have been raised about the least restrictive environment provision. These questions have continued through subsequent reauthorizations and remain a point of controversy. IDEA and its regulations specify that to the maximum extent appropriate, children with disabilities, including children in public and private institutions or other care facilities, will be educated with children who are not disabled and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment will occur only when the nature or severity of the student's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

At the same time, additional regulations mandate that a continuum of alternative placements be available to meet the needs of individual students. These placements include instruction in regular classes, special classes, special schools, home instruction, and hospitals and institutions. So, although IDEA and its regulations create a presumption in favor of educating students with disabilities in general education environments, they also acknowledge a need for a range of alternative placement options.

Regarding decisions about needed services, placement options, and LRE, the law specifies that these determinations are to be made by a team, including professionals, parents, and students (at age 16), and are to be documented in a written Individual Education Program (IEP). Although the wisdom of utilizing a local, team-based approach to planning for individual students seems obvious, many contextual issues contribute to the way in which the team determines what is considered the LRE for a particular student (Brinker & Thorpe, 1985; Noel & Fuller, 1985; Rostetter, Kowalski, & Hunter, 1984; Turnbull et al., 1983). Thus, it appears that no single standard is used to assess successful outcomes associated with the LRE provision since each student's needs and placement are viewed as unique and individually determined. For some, this approach is considered a strength because it is predicated on the individual assessment of and planning for the needs of a given student by knowledgeable professionals and parents. For others, the lack of prescriptiveness in the LRE provision, paired with the continuum of services requirement, legitimizes and maintains the use of more segregated settings and services.

2. To what extent have these outcomes been achieved in the last five years?

In 1989, Danielson and Bellamy conducted a study to illustrate the different implementation approaches to LRE policy. They analyzed data provided by states to the U.S. Office of Special Education and Rehabilitation Services (OSERS) on the placement rates for students with disabilities in separate classrooms, separate schools, and residential facilities across the states and the District of Columbia. They demonstrated that states varied in the extent to which they used separate classrooms, separate schools, and residential facilities, and they raised questions about why some states had generally utilized more segregated placement options and others had relied more heavily on placements in general education settings.

In an effort to explore the factors and conditions that contributed to these varying approaches, Hasazi and her colleagues Johnston, Liggett, and Schattman (1994) interviewed 350 individuals in six states, including educators, family members, policymakers, administrators, and advocates at the state and local levels. They found that, although differences in interpretation and definition of LRE varied across settings and individuals, most of the interviewees indicated that more students with disabilities could receive appropriate special education services within general education classrooms. For some, this meant that a full continuum of special education placement options, including general education classrooms, should be available; however, the interviewees did not regard as practicable or a priority any effort to direct substantial special education resources toward increased placement in general education. Others acknowledged the full continuum of settings and services needed to be available, but they emphasized using special education resources to support students with disabilities in general education classrooms while minimizing the use of more separate placement options. Thus, most of those interviewed agreed that a goal of IDEA's LRE principle is to promote appropriate opportunities for students with disabilities in general education classrooms, but they acknowledged differences in degree and approach.

At the same time, data reported by the Office of Special Education Programs (U.S. Department of Education, 1982, 1992, 1993) suggest that the percentage of all students with disabilities served in separate classrooms and segregated day or residential schools has remained relatively stable between 1980 and 1991, with approximately 3.5 percent to 5 percent of eligible students served in day or residential schools and 25 percent in separate classrooms. In addition, the data reveal that the majority of students with learning disabilities and speech or language impairments have continued to receive special education services in regular classes or resource rooms over time, while the majority of students with mental retardation, multiple disabilities, serious emotional disturbance, and deaf-blindness have remained in special classes and day or residential schools (U.S. Department of Education, 1992).

3. What educational models/procedures are most effective for achieving these outcomes?

Promising practices for achieving increased options for students with disabilities in general education settings include (a) developing collaborative approaches to planning and teaching between special and general educators; (b) encouraging model demonstrations, technical assistance, and professional development opportunities; and (c) utilizing restructuring efforts in general and special education to create a shared vision and increased options for all students, including those with disabilities.

Developing Collaborative Approaches to Planning and Teaching

Special and general educators have recognized the need to develop more collaborative approaches to supporting students with disabilities (Thousand, Villa, Paolucci-Whitcomb, & Nevin, 1992). As a result, many special and general educators have redefined their professional roles, responsibilities, and interactions with one another. They no longer work in isolation from each other and with only distinct groups of children. Instead, in schools that have successfully included children with disabilities in general education classes, general and special educators are involved jointly in teaching and planning teams (Thousand & Villa, 1992; Villa & Thousand, 1988).

Numerous benefits have been cited regarding collaborative teaching and planning models. Team teaching partnerships allow special educators to meet the needs of students with disabilities in general education classrooms. The special educator may provide services directly to individual students with disabilities or to small and large groups of students with and without disabilities utilizing techniques to ensure that all students are appropriately included in the teaching activity (Stainback, Stainback, & Slavin, 1989; Thousand, Villa, et al., 1992).

In planning instruction, the special educator's knowledge and skills may be used to assist the general educator adapt classroom curriculum and instruction to meet the needs of individual students with disabilities. At the same time, the general educator's knowledge of the content area is acknowledged and valued by the special educator. Special educators may also have the knowledge and ability to locate and coordinate community resources and supports needed by individual students and can make this knowledge known to classroom teachers during collaborative planning sessions. In addition, special and general education teachers who plan together may find that their combined expertise allows for more creative problem-solving and leads to the identification of a variety of teaching strategies that benefit all students (Thousand & Villa, 1992; Thousand, Villa, et al., 1992).

Encouraging Model Demonstrations, Technical Assistance, and Professional Development Opportunities

The second promising practice is to make available ongoing learning opportunities for educators and administrators (Murray, 1993). For teachers and administrators to implement both the spirit and letter of the LRE provision, they need to acquire new skills, knowledge, and attitudes. In this regard, state agencies and local school districts interested in promoting greater integration are collaborating with institutions of higher education in the design of professional development programs that include workshops, graduate course work, and on-site technical assistance for general and special educators and administrators (Hasazi et al., 1994). In addition, state and local education agencies are developing and implementing a variety of models for serving students with disabilities in general education settings, often through competitive grants from the Office of Special Education Programs (OSEP), federal special education discretionary dollars available at the state level (Hasazi et al., 1994).

These models and professional development opportunities are often aimed at improving instructional strategies for students with disabilities, but they also include a focus on skills and knowledge associated with the process of change, such as team teaching, peer coaching, creative problem-solving, and cooperative learning. In many local school districts, the professional development and model demonstrations are tied to the concept of using LRE as a mechanism for bridging the gap between general and special education.

Utilizing Restructuring Efforts to Create a Shared Vision and Increased Options

School restructuring efforts are a promising practice because they promote a shared vision for students and create the changes in school and classroom organization and instruction that are needed to meet the needs of all students (McLaughlin & Warren, 1992; Murray, 1993; Ysseldyke, Algozzine, & Thurlow, 1992). These efforts have taken on many forms, depending on the needs and goals of schools, but as a whole, they promote the values and goals of the LRE provision.

Many schools have used school restructuring efforts as an opportunity to engage teachers, administrators, parents, and other community members to create a school mission statement. Schools whose mission statements have the goal of meeting the needs of all students have reported that it helps to place student needs as a top priority in decision making around issues of school organization and instructional practices (McLaughlin & Warren, 1992).

Another focus of school restructuring has been the establishment of structures and practices related to shared leadership. This practice, too, has promoted collaborative problem-solving and decision-making among general and special educators and has contributed to a sense that the school as a whole is responsible for the education of students with disabilities. New structures associated with shared decision-making include school/community policymaking teams, instructional support teams for teachers, and grade level teaching teams (McLaughlin & Warren, 1992; Murray, 1993; Raywid, 1990).

School restructuring efforts have also encouraged general and special education teachers, along with administrators, parents, and community members, to pursue a variety of educational initiatives. School-based initiatives include those related to improving curriculum and instruction, using computers in classrooms, developing interdisciplinary teaching models, and establishing heterogeneous instruction as a school-wide practice. Community-based initiatives include improving school and community partnerships, establishing community services within schools, and using the community as a resource for curriculum and instruction (Murray, 1993; Pugach & Warger, 1993).

Schools that have engaged in extensive restructuring efforts recognize that teachers, administrators, and community members need increased opportunities to work together on behalf of students. To this end, they have examined ways to design school schedules that are more flexible and allow common time for teachers to plan, teach, and share information with one another. The combination of a shared commitment to the needs of students with disabilities and the time to plan for ways to meet those needs holds the potential for schools to address the needs of each student (Raywid, 1990; Schrag, 1993).

4. What educational models/procedures most inhibit these outcomes?

Three practices that most inhibit increased options for students with disabilities in general education settings include (a) inadequate funding levels and special education funding formulas; (b) preservice preparation of special and general educators; and (c) historical commitments to separate organizational structures.

Inadequate Funding Levels and Funding Formulas that Produce Disincentives to Providing Special Education Services in General Education Settings

Over the past decade, state and local educational agencies have continued to contribute increased resources to support the education of students with disabilities, but the ratio of federal dollars to state and local dollars has declined (Parrish, 1993a). This has created an unfortunate perception on the part of many state and local policymakers that the escalation of special education services has resulted in increased competition between general and special education programs for the same limited resources (Hasazi et al., 1994). At the same time, some special educators, administrators, families, and advocates are not enthusiastic about expanding options in general education because of their concerns that the necessary resources will not be available to support the effort.

Additional financial barriers are state funding formulas that contain inherent incentives to placing students with disabilities in programs separate from general education environments (Parrish, 1993b). In many states, it is financially more beneficial to place a student in a program outside of the local education agency than to provide services in a local school. While a number of states are revising their funding formulas to minimize or eliminate this disincentive, the categorically based funding provision within IDEA often creates incentives for maintaining separate educational programs (Parrish, 1994).

Preservice Preparation of Special and General Education

The present model for preparing general and special educators promotes separate professional tracks with limited opportunities for acquiring strategies related to collaborative practice (Goodlad & Field, 1993). This in part seems to be a reflection of (a) the organizational design of teacher education programs in universities and colleges and (b) licensure requirements that reinforce the exclusiveness of general and special education. The result for both general and special educators is a limited understanding of, and appreciation for, the skills and knowledge that each could share with one another.

Historical Commitments to Separate Organizational Structures

During the 1970s and in some cases, earlier, many states developed regional programs for providing selected special education services. In some states, these regional service systems emerged as the major resource for providing special education through an administrative structure and professional teaching staff that was separate from local school districts. In other states, the regional programs provided technical assistance, training, related services, and administrative support rather than direct instructional services. States whose regional centers include special education programs and classrooms are viewed by many local school districts as having the organizational capabilities, professional expertise, and funding necessary to meet the needs of students with disabilities, particularly those with severe and low-incidence disabilities (Hasazi et al., 1994). In addition, because of the instrumental roles regional centers have assumed, some families view the centers as a source of stability in an increasingly uncertain political and funding environment. Indeed, in some states the regional service centers have become the focal point for advocates who want to maintain the existing special education delivery system. In these states, movement toward increased opportunities for students with disabilities in general education settings is often guarded because of political traditions and previous commitments to organizational structures that are difficult to change (Hasazi et al., 1994).

5. Provide two or three specific recommendations for action by Congress.

Congress should promote promising practices related to LRE by (a) appropriating to states the federal dollar allocations specified in IDEA; (b) eliminating categorical funding provisions which provide disincentives to the delivery of special education services in general education classrooms; and (c) supporting the preparation of regular and special educators in developing collaborative relationships for effectively teaching students with disabilities.

Appropriating to States the Federal Dollar Allocations Specified in IDEA

There is a growing concern about the perception that special education and general education are competing for the same state and local resources. This results in part from the fact that Congress has not appropriated the state entitlement allocations specified in Subchapter II. The partnership among federal, state, and local governments in providing a free appropriate public education has eroded substantially, leaving the increasing bulk of fiscal responsibility for educating students with disabilities to state and local educational agencies. Increased appropriations by Congress will help alleviate the budget constraints of state and local education agencies and will result in decreased competition between general and special education programs for declining revenues.

Eliminating Categorical Funding Provisions Which Provide Disincentives to the Delivery of Special Education Services in General Education Classrooms

The negative effects of the categorical funding provisions within IDEA create incentives for utilizing segregated placements and may encourage the overidentification of children and youth with disabilities (Parrish, 1994). Accordingly, Congress should amend Subchapter II to include a specifically mandated study to establish and evaluate five state pilot projects. These projects would be permitted to utilize funding provisions based on a 12 percent federally capped population of children and youth with disabilities. Pilot sites should be required to address issues related to accessibility of services, accountability, and impact on placements in general education classrooms.

Supporting the Preparation of Regular and Special Educators in Developing Collaborative Relationships for Effectively Teaching Students with Disabilities

For students with disabilities to be included in general education classrooms, special and general educators need to acquire additional collaborative planning and instructional skills. Although IDEA allows for the participation of general educators in selected components of preservice and in-service training, more direction is needed. In this regard, Congress should amend Subchapter IV to establish the capacity for personnel in higher education to collaborate on the preparation and professional development of general and special education teachers at the in-service and preservice levels. Leadership teams in institutions of higher education, consisting of general and special educators, should be supported to develop programs, courses, and field-based experiences that will provide general and special educators with the skills, knowledge, and attitudes to effectively teach students with disabilities in general education classrooms.

The present structure of many higher education teacher preparation programs mitigates against collaborative training. The proposed amendment to Subsection IV should encourage development of a network of teacher educators who can model collaborative planning and teaching strategies to beginning and experienced teachers.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS should (a) monitor and provide technical assistance to states to implement promising practices related to LRE; (b) establish incentives for including promising practices related to LRE in proposals for model demonstration, systems change, research, and personnel preparation projects; and (c) prepare special and general teacher educators at the preservice and in-service levels to collaborate on planning for and teaching students with disabilities in general education classrooms.

Monitor and Provide Technical Assistance to States to Implement Promising Practices Related to LRE

While monitoring alone will not ensure implementation of promising practices, it can promote a context for change. Accordingly, OSERS should require each state to establish a five-year plan with a statement of needs, goals, strategies, and evaluation criteria for designing and implementing policies, procedures, and practices that facilitate participation of students in general education settings and classrooms. OSEP should monitor each state's progress toward achievement of the goals and provide technical assistance to state education agencies when evaluation criteria are not met. OSEP should provide technical assistance, using the specialized expertise of individuals from OSERS' funded projects of national significance such as the Center for Special Education Finance, the Center for Policy Options in Special Education, the National Center on Educational Outcomes, and the Beach Center Rehabilitation Research and Training Center on Families and Disability.

Establish Incentives for Including Promising Practices Related to LRE in Proposals for Model Demonstration, Systems Change, Research, and Personnel Preparation Projects

Evaluation criteria for the above project competitions should include points for including promising policies and practices for promoting implementation of LRE. In this way, project applicants would need to address LRE and generate goals and activities designed to increase the opportunities for students with disabilities in general education settings.

Prepare Special and General Educators at the Preservice and In-Service Levels to Collaborate on Planning for and Teaching Students with Disabilities in General Education Classrooms

If special and general educators are to engage in collaborative practice in schools and communities, they need to observe models and have opportunities to collaborate with colleagues. This modeling should begin in their teacher preparation programs where teacher educators in special and general education jointly develop programs, teach courses, and provide practicum supervision in settings where students with and without disabilities are educated together. To accomplish this goal, a priority in personnel preparation should be directed at establishing a network of special and general teacher educators to develop model programs, courses, and practicum experiences for beginning and experienced educators and to disseminate and replicate them across other institutions of higher education. OSEP should establish a competition for creating a collaborative network of general and special teacher educators who can develop appropriate models and serve as leaders for promoting collaborative preparation through dissemination and technical assistance activities.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local agencies.

State and local education agencies should support (a) the development of local education plans for implementing promising practices; (b) offer incentives for professional development for special and general educators and administrators to learn and use new skills and knowledge to include students with disabilities in general education classrooms; and (c) ensure that all initiatives associated with Goals 2000, the School to Work Act, and other restructuring efforts include students with disabilities.

The Development of Local Education Plans for Implementing Promising Practices Associated with LRE

State education agencies should encourage local education agencies to develop plans for implementing promising practices associated with LRE. These efforts should be supported through federal special education discretionary dollars allocated to the state education agency. As such, local education agencies should develop plans which would include goals and activities for designing policies, procedures, and practices for including students with disabilities in general education classrooms. Resources should be provided to support selected activities such as training and professional development, planning forums, and the development of materials for accommodating students in general education classrooms.

Offer Incentives for Professional Development for Special and General Educators and Administrators to Learn and Use New Skills and Knowledge in Order to Include Students with Disabilities in General Education Classrooms

Courses and workshops that can be used for relicensure credits should be supported by state and local education agencies in areas related to LRE. These professional development activities should promote appreciation of diversity and acquisition of new skills and knowledge and require that participants collaborate with colleagues in general and special education to design and implement teaching strategies for students with disabilities in general education classrooms.

Ensure That All Initiatives Associated with Goals 2000, the School to Work Act, and Other Restructuring Efforts Include Students with Disabilities

There are a variety of restructuring activities being introduced at the state and local levels that have major implications for the implementation of LRE. These include state assessment systems, certificates of initial mastery, and core curriculum standards, to name a few. To ensure that students with disabilities are appropriately included in each of these efforts, general and special educators and administrators need to advocate for policies and procedures in the design, implementation, and evaluation components that will allow all students to participate meaningfully.

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Annotated Literature Abstract

Citation

Hasazi, S. B., Johnston, A. P., Liggett, A. M., & Schattman, R. A. (1994). A qualitative study of the least restrictive environment provision of the Individuals with Disabilities Education Act. Exceptional Children, 60(6), 491-507.

Abstract

The authors describe a multistate, qualitative study conducted from 1989 to 1992 in six states and 12 local school districts for the purpose of understanding how the LRE provision of the IDEA has been implemented. Sites were selected as a result of their varying approaches to the implementation of LRE and included those that were relatively high users of separate classes, separate schools, and residential facilities and those that were relatively low users. Six factors were identified which appeared to influence the way that states and local districts educate students with disabilities. The article concludes with some thoughts about the extent to which the LRE policy has influenced state and local policies and educational practices.

Key Points and Quotes

1. The LRE provision of the IDEA was interpreted somewhat differently across state and local sites.

Persons interviewed through the study were asked to define LRE, as a way of providing a context for understanding how the provision had been implemented at each of the state and local sites. A wide range of definitions resulted. Some interviewees viewed LRE as a series of placement options along a continuum that included separate facilities, schools, and classrooms, and a range of supports that were used to support students in general education settings. Others believed that the ability of general education to serve students with disabilities was limited and thought that "both the needs of the child and the capacity of the system had to be considered in making decisions about LRE" (p. 495). A third view held that LRE represented a vision of community schools, in which a full continuum of services was available within each school.

2. The authors categorized eight of the study sites as "high users" and ten sites as "low users" of separate facilities to educate students with disabilities. (p. 491)

To some degree, the variation among sites was connected to the ways in which they defined the LRE provision. Low-user sites, for example, tended to view the meaning of the delivery of an appropriate education as occurring in neighborhood schools. Along with definitional perspectives, six major factors were identified as having influenced the implementation of LRE. These included finance, organization, advocacy, implementors, knowledge and values, and state/local context. The factors were interconnected, and it was not possible to single out one factor as more important than another.

3. While the LRE policy has influenced the way that states and districts educate students with disabilities, the federal law and regulations have little control over how the policy is viewed and the context in which it is implemented.

The authors conclude that there was a clear relationship between the intent of the LRE policy and what has happened "in the real world." At the same time, they concede that "implementation, in some measure, depended on favorable circumstances over which the policy itself had little control." (p. 506)

Annotated Literature Abstract

Citation

Osborne, A. G., & Dimatta, P. (1994). The IDEA's least restrictive environment mandate: Legal implications. Exceptional Children, 61(1), 6-14.

Abstract

This article reviews trends related to the legal interpretation of the LRE over a 19-year period. It finds that during the early years of the IDEA, the courts generally deferred to school officials on matters related to LRE and frequently ruled in favor of more restrictive placements. Recent court rulings, however, suggest a new era in LRE case law. The courts appear to be taking a more activist stance and to be growing impatient with school officials who have failed to provide less restrictive environments for students with disabilities.

1. Early court interpretations of the LRE mandate took a cautious approach to mainstreaming.

While the early courts viewed mainstreaming and its social benefits as an important component of an appropriate education, they believed it was important to weigh its benefits against those presumed to be inherent in the specialized instruction that was generally available in more restricted settings. In general, the early courts deferred to schools in placement matters, believing that school officials were in a better position to make decisions regarding what constituted an appropriate education for students with disabilities than were the courts. Frequently, this deference to school officials resulted in the court's upholding of more restrictive placement decisions.

2. More recent court decisions indicate an emerging trend toward inclusion.

Recent court decisions indicate less deference to school officials and a more activist approach toward the interpretation of the IDEA's intent regarding the LRE provision. These decisions suggest that the courts now interpret the language of IDEA to mean that "Congress envisioned an educational system whereby all students, regardless of the severity of their disabilities, would be educated in an environment as close as possible to what is considered to be normal." (p. 12) In addition, the authors maintain that recent court decisions have demonstrated a belief that the IDEA intended schools to engage in a restructuring process that would allow students with disabilities to be educated in general education settings. Thus, the recent court decisions "clearly indicate that an inclusionary placement must be the placement of choice." (p. 12)

3. These decisions may have practical implications for schools.

The authors agree with the more recent court interpretations of the LRE provision. As such, they believe that "the time has come for school districts to restructure their general education classrooms to accommodate students with severe disabilities." (p. 13) In their opinion, school districts which fail to take this initiative upon themselves may find that today's courts will be unwilling to allow them to maintain the status quo.

The Morristown Elementary School (MES) in Morrisville, Vermont, represents a best practice site with respect to the goal of expanding opportunities for students to participate in general education classrooms. Six factors contribute to the school's accomplishments in this area: (1) underlying values and beliefs, (2) responses to educational initiatives regarding classroom organization and instruction, (3) school and classroom climate, (4) leadership, (5) capacity building, and (6) connections to the community.

Values and Beliefs

MES is a school with a vision. Its vision is reflected in the school's mission statement, which was developed by teachers, administrators, parents, and community members and describes the school as a "community of learners with the courage to grow." The values and beliefs underlying this statement reveal a deep commitment to meeting the needs of all learners, including those with disabilities. Students' needs drive all decisions made at the school; as one teacher noted, "We always put kids first and then figure out what we need to do to meet them." The school's commitment to all children is in direct alignment with the goal of expanding opportunities for children with disabilities to have their needs met in general education classrooms. As one teacher described it, "Students need to have a real ownership of their classroom and environment, and they have to have their needs met in the setting they're in."

Both special and general education teachers at MES recognize that the belief in and practices associated with collaborative teaching and planning are essential to students' success. Collaboration requires time and energy, but it results in people feeling "more like a community than like isolated beings."

Responses to Educational Initiatives

The values and beliefs held by school and community members are reflected in their efforts to engage in school reform and restructuring. Some of the recent changes which the school has engaged in to meet the needs of all students include the establishment of multi-age classrooms, the use of team teaching models to deliver special education services in the classroom, the organization of grade level planning and problem-solving teams, and the establishment of a team of teachers that participates in making school-wide decisions. The school has adopted a conflict mediation program, which trains students and teachers in the use of proactive discipline and conflict resolution strategies. Innovative programs related to developing interdisciplinary curriculum, measuring student progress through portfolio assessments, using computers in classrooms, and ensuring that all students achieve maximum success in reading have been established to ensure that classrooms throughout the school meet the needs of learners who experience academic, social, and behavioral challenges. The teachers at MES note that change requires energy, risk-taking, and support for one another. At times, it produces stress and even failure, but it seems worth the effort. One teacher summarized her colleagues' experiences with change, noting "If you're supporting one another and encouraging one another, then you know that sooner or later the water is going to flow smoothly."

School and Classroom Climate

In keeping with its mission and underlying values and beliefs, the climate at MES is one which focuses on and supports all children, including those with disabilities. MES' climate is consistent throughout the school; it seems equally positive in the hallways, the cafeteria, the playground, and each of its classrooms. Interactions between and among teachers, students, parents, and administrators are characterized by respect for others and their opinions. An instructional assistant commented "The kids here accept all students as they are." Classrooms are structured in a way that is decidedly student-centered, with the goal of involving all students in their own learning. As one teacher described it, "Instead of being teacher-centered, there are cooperative groups, class meetings, and an attempt to begin collaborative decision-making." Discipline policies and practices are proactive and involve students as well as teachers. A model of shared decision making is used throughout the school, from faculty meetings to IEP meetings, grade level meetings, and classroom meetings. Students with disabilities and their parents participate as full team members in developing and following-up on their IEPs. The walls at MES are covered with artwork and written messages that welcome newcomers and demonstrate the ways in which students and faculty appreciate and support one another. MES is truly a community in which all are encouraged to learn and grow.

Leadership

Leadership is another key factor in the ability of MES to support each of its students. Over time, the school has evolved from a more traditional style of leadership to its current model of shared leadership. As such, the list of individuals who are considered as school leaders includes the principal, classroom teachers, special education teachers and staff, the school superintendent, school board members, and students. Collectively, these individuals have played important roles in the development of the school's mission, its commitment to providing options for students with disabilities, its willingness to explore new organizational models, educational approaches and curriculum, and its movement toward a collaborative form of decision making. A guidance counselor paid particular attention to the important leadership role that students with disabilities had played in the school's evolution. As she described it, "The kids deserve some credit too, because in some ways some of the toughest kids taught us the most. Their behavioral and learning needs caused us to learn the things we needed to learn."

Capacity Building

Professional development is valued at MES, in part because it helps teachers and the school in general to develop the capacity to meet the needs of all students. Over the years, teachers have participated in a wide variety of courses, workshops, summer institutes, master's degree programs, and in-service training activities. They recognize the importance of connecting with new ideas and opportunities and have been involved with model demonstration and research efforts sponsored by the state education agency and a number of universities. Importantly, they recognize that new knowledge is something to be shared with others, as a way to ensure that "everyone is going to be connected with it." As the school district's assistant superintendent noted, "The teachers at MES train each other. People are understanding the importance of mentoring and coaching one another, because they know it's more authentic, more real."

Connections to the Community

Finally, teachers and administrators at MES value their connections to their local community. They have established strong partnerships with parents, through involving them in IEP planning, training opportunities, school activities, and the development of the school mission statement. In addition, special and general educators have established links with community agencies and providers. Some of these have come through collaborative problem-solving around the needs of individual students, while others have occurred as teachers and service providers have worked together on interagency committees and joint school and community initiatives. As a result, school and community partnerships have helped to ensure that students and families with significant needs receive the support that they require and are working to increase the capacity of the community to support the needs of all of its families. Discussions of community ultimately lead back to discussions of the community values that support the desire to help all students and community members succeed. As a school administrator described it, "There seems to me to be more of a sense of community here than there is in some other places, and a real willingness to help people. That's a shared community value."

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LEAST RESTRICTIVE ENVIRONMENT: EARLY CHILDHOOD

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Abstract

1. Early childhood LRE refers to the full and active participation of young children with disabilities in programs with typically developing children. Outcomes are successful engagement in ongoing curriculum and social peer group activities, positive effects on children's development, increased understanding of disability and acceptance by typically developing children, and positive attitudes by parents, teachers, and administrators.

2. A range of positive outcomes has been reported. The degree to which these outcomes occur in community-based programs depends upon the level of implementation of supportive practices.

3. (a) Developmentally appropriate practice and naturalistic teaching strategies facilitate early childhood LRE. (b) Forms of service delivery may include itinerant/community-based programs, public school-based classes, and collaboration with Head Start programs.

4. (a) A downward extension of traditional elementary-level, special education teaching practices to young children with disabilities is the less appropriate form of instruction and does not blend well with early childhood education curriculum. (b) Placement in nonintegrated settings is the logical antithesis of LRE. (c) Also, the absence of administrative support may be one of the largest impediments to LRE.

5. Congress should support early childhood inclusion by (a) encouraging state and local programs to provide inclusive program options for young children with disabilities and their families and (b) creating more flexibility in use of funds, direct program supervision, and establishing eligibility.

6. OSERS should support early childhood LRE by (a) funding technical assistance grants that will assist state and local agencies in moving from separate to integrated forms of service delivery, (b) examining innovative personnel programs

that prepare professionals and paraprofessionals to work in LRE programs, and (c) continuing funding for the Early Education Program for Children with Disabilities (EEPCD) model demonstration projects.

7. State education agencies should support early childhood LRE by providing (a) technical assistance for systems change at the local level and (b) flexibility in regulations related to receiving special education services in other than public school settings. Local education agencies should support staff by (a) providing training for changing service provider roles and (b) establishing collaborative agreements with agencies that might provide LRE classes.

1. What outcomes signify successful implementation of the topical issue?

Previously known as "integration" or "mainstreaming" (Guralnick, 1976; Odom & Speltz, 1983), the term "inclusion" represents complete and active participation of children with disabilities in programs with typically developing peers. Inclusion during the early childhood years is important because of ethical (i.e., it is the most normalized setting), developmental (i.e., types of early development will be more likely to occur in inclusive settings), and legal (i.e., it represents the least restrictive environment required by previous laws) rationales (Bricker, 1978). Early childhood inclusion differs from inclusion at the elementary and secondary levels in that there is often not a "typical" public school alternative in which prekindergarten age children with disabilities may be included. Thus, school systems must often search for innovative options for establishing inclusive settings (e.g., collaboration with private preschools, Head Start programs, or Chapter One programs). Most recently, inclusion has been viewed in a broader-than-school context in that community inclusion represents children's and family members' participation in community-based activities that are similar to those in which children without disabilities and their families participate.

For young children with disabilities, inclusion is successful when children actively engage in developmentally appropriate activities in the classroom setting in ways that enhance their development (Bailey & McWilliam, 1990). Their active engagement includes social participation with peers that promotes social competence (Guralnick, 1990; Strain, 1990) and establishes positive social relationships (Haring, 1992). Participation in inclusive settings should also reflect the choices family members make about the setting that is most appropriate for their child (Winton, 1993) and may well influence their decision to place children in inclusive settings after the child moves to kindergarten and elementary school (Miller et al., in press). Successful implementation of early childhood inclusion may also affect positively attitudes of young children toward their peers with disabilities, attitudes of parents of children with and without disabilities toward inclusion, and attitudes of teachers and administrators about the participation of young children with disabilities in their programs (Stoneman, 1993). Implementation is often based on an administrative structure that is conducive to collaboration across agency boundaries and that provides support for the children and staff in inclusive settings (Peck, Furman, & Helmstetter, 1993).

2. *To what extent have these outcomes been achieved in the last five years?*

Generally, children with disabilities enrolled in inclusive settings perform as well on standardized assessments of development as do children with disabilities enrolled in specialized, noninclusive settings (see Buysee & Bailey, 1993; Lamorey & Bricker, 1993; Odom & McEvoy, 1988, for reviews), although there are several exceptions. When in inclusive settings with developmentally advanced peers, children with disabilities tend to engage in more advanced forms of play, relative to their performance in play settings with other children with disabilities (Guralnick & Groom, 1987). Also, when teachers provide support for social integration, participation in inclusive settings appears to have positive effects on communication skills and social competence for children with disabilities (Jenkins, Odom, & Speltz, 1989). In addition, typically developing children do not experience negative developmental effects when participating in classroom settings with children who have disabilities (Odom, DeKlyen, & Jenkins, 1984). Moreover, for a variety of reasons, children who participate in inclusive settings in the preschool years are much more likely to move into inclusive settings in kindergarten or the first grade than children enrolled in noninclusive preschool settings (Miller et al., in press).

Information about the development of peer relationships is mixed. In inclusive settings, typically developing children play with children with disabilities less often than they play with other typically developing peers (Guralnick & Groom, 1988). However, teachers report that children with disabilities in inclusive settings do develop friendships with their typically developing peers (Buysee, 1993).

The extent to which these outcomes are realized depends directly on the level of implementation occurring in inclusive settings. Although it does appear that inclusion is a service delivery option being provided increasingly at the preschool level (Wolery et al., 1993), to date there is very little information about the magnitude or quality of implementation of inclusion at the national or regional level (Odom et al., 1994). The success and maintenance of those programs appear to be related directly to the institutional support available to staff (Peck et al., 1993).

3. What educational models/procedures are the most effective for achieving these outcomes?

Within early childhood education, Developmentally Appropriate Practices, as defined by the National Association for the Education of Young Children (Bredekamp, 1987), is the most currently accepted curriculum model. The model places great emphasis on the individual and age appropriateness of activities within child care and preschool settings. In this model, the teacher's role is to plan and organize an environment that is appropriate for the developmental level of individual children and that builds upon their interests. The teacher often will follow the lead of the children as they become engaged in the classroom activities but also may directly organize instructional activities when necessary.

The developmentally appropriate program model is important for children with disabilities because it creates a setting that is appropriate for young children who are typically developing (i.e., a normalized setting), and it is used in many inclusive child care or preschool settings. However, the developmentally appropriate practice model may represent a necessary but not sufficient form of programming for young children with disabilities (Carta, Schwartz, Atwater, & McConnell, 1991; Wolery, Strain, & Bailey, 1992) and other strategies may have to be used to supplement these practices. Naturalistic intervention strategies are most amenably used in inclusive settings (Barnett, Carey, & Hall, 1993). Strategies such as activity-based intervention (Bricker & Cripe, 1991) and milieu training and incidental teaching (Kaiser, Yoder, & Keetz, 1992) are examples of naturalistic approaches that may be embedded in ongoing activities in naturalistic settings. More direct instructional teaching approaches also may be necessary for teaching some skills to some children (Wolery, 1994).

Several service delivery models represent inclusive types of options for young children with disabilities. In an itinerant community-based model, children with disabilities are placed in private child care or preschool classrooms in the community. The early childhood education teacher is the primary teacher in the classroom, and a special education teacher is a collaborator-consultant. School-based models are possible when public schools offer services to preschool age children without disabilities, and children with disabilities are included in those classrooms. In this model, an early childhood education teacher may be the lead teacher, or the early childhood teacher and special education teacher may co-teach the class. School districts also sometimes form collaborative relationships with Head Start programs. Again, school districts may provide collaborative-consultative services for children with disabilities within those Head Start programs. In these service delivery models, school districts provide related support services for many children through an integrated therapy model (McWilliam & Bailey, in press). In this model, the therapist also serves as collaborator-consultant.

4. What educational models/procedures most inhibit these outcomes?

The educational procedures that most inhibit the outcomes identified above are predominantly teacher-directed forms of instruction in which children primarily respond to teacher directions. When services began to be provided for young children with disabilities after the passage of P.L. 94-142 and more frequently after P.L. 99-457, a special education instructional model used in the elementary grades was extended to preschool-aged children. This form of instruction also was influenced by the effective teacher literature in which teachers were urged to increase students' "time-on-task," which generally meant students participating in teacher-directed lessons or individual assignments. Although some teacher-directed activity appropriately occurs in early childhood education settings, many of the teacher-directed instructional procedures used in elementary school are less appropriate for young children in general, including young children with disabilities.

Assignment to a classroom containing only children with disabilities is obviously the antithesis of inclusion. Although those classroom assignments possibly could be appropriate for some children (e.g., some children with special health care needs) or could be the placement of choice by the parent, the outcomes that are likely to occur from active participation with a typically developing and responsive peer group in a normalized setting (i.e., social relationships with typical children, social competence, and adaptive behavior skills necessary for naturalistic settings) are not likely to occur in noninclusive settings.

Clinic-based or individual-therapy forms of related services may be less likely than integrated therapy approaches to generate outcomes that generalize to naturalistic settings (McWilliam & Bailey, in press). A model in which an expert therapist works directly with the child and gives little information to the parents or other professionals is likely to produce results that stay in the therapy room.

Administrative models that mitigate against inclusion or tolerate its existence, rather than provide active support, are likely to result in poor implementation and poor outcomes for children. School districts that resist collaboration with other agencies, limit provision of services to school buildings in which there are no preschool services for typical children, and do not provide administrative support for inclusion (e.g., acceptable case loads, time for in-service training and staff development, recognition for performance, positive approaches to problem-solving) are not likely to have inclusive programs at all or have programs that fail after a short period of time.

5. Provide two or three specific recommendations for action by Congress.

Funding Inclusion

To improve implementation at the state or local level, Congress should amend IDEA by adding provisions that specifically encourage inclusion at the early childhood level, allow flexibility in the personnel requirements of staff providing services to young children with disabilities, encourage collaboration among certified special education or related service staff and noncertified staff, allow discretion in the degree of direct supervisory control over the community-based program by the school district, and allow more flexible use of funds from various sources (Chapter One, Head Start, or Special Education). One of the barriers to implementation of early childhood inclusion is the absence of a publicly funded program for young children without disabilities. School districts may be reluctant to place children in private preschool or Head Start programs for several reasons. Personnel in community-based preschool or Head Start programs may not meet the personnel requirements of state law; the private preschool or child care programs located in the community are not under the direct supervision of the local or state educational agency; or state law prohibits the mixing of funds (Strain & Smith, 1993).

Developing flexibility in the establishment of eligibility at the federal level also may create inclusion opportunities for preschool children with disabilities. For example, Head Start, Part B of IDEA, and Chapter One of ECIA all have established eligibility guidelines for their specific programs. Ensuring that these guidelines do not preclude the placement of children with disabilities (as defined by either the school system or Head Start) in programs for children without identified disabilities is important. Establishing identical disability classification criteria for Head Start and the Department of Education also may enhance collaboration between the two systems.

Flexibility in policies and procedures is the oil that greases the wheels of inclusion. A myriad of contextual issues face local education agencies. Allowing local programs the flexibility to establish inclusion within their community and cultural contexts, while still ensuring that individualized plans are created and implemented for children with disabilities, is extremely important for this reauthorization.

Influencing Funding Formulas

Congress should discourage differential funding patterns. In some states, funding formulas are higher for children in specialized settings than for children in inclusive settings. This funding pattern may create incentives for state and local education agencies to provide services in more specialized settings. Discouraging noninclusive funding patterns might enhance the possibility of inclusive programs being created at the early childhood level.

Creating Flexible Related Services

Transportation is a service that may facilitate the participation of children with disabilities in inclusive settings. By law, transportation is provided for children with disabilities to specialized classrooms in public schools, but providing transportation to private preschools and child care centers in order to support placement in inclusive programs has been a barrier to inclusion for some school districts. Language in the reauthorization that allow school districts to transport children to private agencies in order to establish an inclusive placement could enhance implementation of inclusion.

Securing Interagency Cooperation

Within the U.S. Department of Education, the Office of Educational Research and Innovation has established an Early Childhood Institute. Within the Office of Special Education, an Early Childhood Branch oversees the implementation of services for infants and young children with disabilities. Congress should direct OSERS to ensure active and ongoing collaboration between these two units of each office, thereby enhancing support for early childhood inclusion as it flows down from the Federal Government.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Ensuring Technical Assistance

Not all school districts that might want to move toward providing inclusive programs for young children with disabilities and their families will know how to begin. Facing the barriers noted above, school districts may lack the local and state sources of support necessary to assist them in moving from noninclusive to inclusive programs. Technical assistance provided at the state level might well assist these programs in taking the needed step toward inclusion. Such technical assistance could be provided through *specifically directed* system-change grants or in-service training grants at the state level. It seems important that this type of training be emersed in the context (at the state and local levels). The training should involve not only direct service staff (both special education and, potentially, early childhood education staff) but also program administrators (special education coordinators, principals) whose support is essential if inclusion is to be effective.

Preparing Personnel

The staff of many early childhood education programs that operate in the community do not have teacher certification or bachelor's degrees, yet they are expected to plan programs that will meet the needs of all children in their class. Some programs, such as Head Start, provide some level of training for their staff. This, however, is the exception rather than the rule. An initiative that might support inclusion at the early childhood level would be training at the community college level for individuals interested in working in inclusive child care programs. Such a personnel preparation program might provide training in both early childhood education and special education.

Providing training similar to the Child Development Associate certification once offered through Head Start would be another option. Head Start's Resource Access Projects might serve as a source for such training.

Funding Research Institutes

One of the most productive federal sources of support for program innovation has come from EEPCD, (formerly HCEEP). EEPCD demonstration projects have created models of inclusive programming that have directly influenced services to children and families. The trend within EEPCD has been to support innovation that addresses the changing and current needs of infants, young children, and families. It represents one of the single most important resources for innovation in the field and continued fundings are essential.

For more than 15 years, the Early Childhood Branch of the Office of Special Education has funded a series of Early Childhood Research Institutes. These five-year institutes are topical in nature, addressing issues of current significance. For the past two cycles, and again in the current cycle, a single institute has focused on inclusion (or mainstreaming) at the preschool level. The institute funding is large enough to create multi-university consortia that can address issues at a national level. Continued funding for the Early Childhood Research Institute program not only will contribute to the knowledge base on childhood inclusion but also will generate knowledge related to other important dimensions of early intervention and early childhood special education.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State education agencies can provide support for inclusion in several ways. Creating specific initiatives within the state for beginning or maintaining inclusive early childhood programs and recognizing such efforts could be useful. Providing technical assistance from state funds for moving from nonintegrated to inclusive options for children and families also is important. In addition, allowing local education agencies flexibility in finding options for inclusive placements is critical. This flexibility might be reflected directly in state regulations that allow children with disabilities to participate in and receive special education services in programs that are not part of the public school system. Such flexibility at the state level might include blending funding streams for children who are at-risk (e.g., Chapter One funds) and children with identified disabilities (Special Education funds).

At the local level, agencies need to create the support and infrastructure to provide services in inclusive settings. Supportive administrative policies and actions are a critical foundation. Developing collaborative relationships with other agencies, such as Head Start or private child care centers, could establish sites for inclusive programs. Providing staff time for making the transition from center-based, noninclusive services to itinerant or team-teaching forms of service is essential. In addition, assigning a reasonable case load and monitoring staff implementation of individualized programs for children and families are critical.

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Abstract

Research on inclusion of young children with disabilities in early childhood programs has largely focused on the interactions of children with peers and teachers within those programs, strategies designed to support inclusion within the classroom, and developmental outcomes for children. This research has yielded valuable information about classroom technology but provides limited information about factors that affect implementation. In this chapter, the author proposes that inclusion operates within an ecological context and to understand the implementation of these programs one must understand factors operating within this ecology.

Key Points and Quotes

1. A holistic approach to understanding inclusion is necessary if implementation of inclusion is to be successful.

"...an essential quality of the situation faced by professionals, administrators, and parents involved with implementation is that multiple problems and dilemmas simultaneously demand attention and resolution. Investigations that take up a single dimension of integration, such as peer relations, effect on the family, or political negotiation of local policy, certainly have value, but these studies will inevitably fail to address the problems of implementation adequately." (p. 11)

2. Direct involvement of participants (teachers, families, administrators) in conducting research on inclusion will lead to greater knowledge about implementation.

"The kind of dialectic between research and practice that is essential to the development of a useful knowledge base concerning implementation is more likely to take place when people who actually do the work of implementation become more active participants in research. This is not only because these individuals are the proprietors of knowledge that is essential to our common understanding of what is occurring in integrated programs, but because their political participation in the research process is likely to drive the field toward those issues of pressing concern to the people directly charged with implementation." (p. 12)

Annotated Literature Abstract

Citation

Diamond, K. E., Hestenes, L. L., & O'Connor, C. E. (1994). Integrating young children with disabilities in preschool: Problems and promise. Young Children, 49(2), 68-75.

Abstract

Integration is increasing as a service option for young children with disabilities. Participation in these settings appears to affect positively opportunities for social participation, verbal exchanges with peers, and the level of children's play. In addition, inclusive programs appear to lead to greater understanding of disability and greater acceptance by children without disabilities enrolled in the settings. Also, enrollment of children with disabilities in inclusive programs appears to affect positively parents' attitudes toward inclusion. The factors that appear to be related to successful inclusive programs are an administrative structure that supports inclusion and the use of naturalistic teaching strategies that are compatible with early childhood curricula operating in the classroom.

Key Points and Quotes

1. Integrated classrooms may provide experiences that enhance the development of young children with disabilities.

"Children with disabilities who are enrolled in integrated early childhood programs demonstrate higher levels of social play and more appropriate social interactions and are more likely to initiate interactions with peers than are children in self-contained special education preschool classes (Lamorey & Bricker, 1993). Integrated classes offer more opportunities for children to practice using a newly acquired skill with their peers than do self-contained special education classes (Demchak & Drinkwater, 1992)....Children with disabilities enrolled in integrated classes make gains in language, cognitive, and motor-skills development that are comparable to their peers in self-contained special education classrooms (Fewell & Oelwein, 1990)." (p. 69)

2. Successful early childhood LRE requires the collaborative effort of multiple individuals within the children's ecological systems.

"We know that the active, ongoing involvement of parents, regular and special education teachers, and administrators is critical in developing integrated programs that address the needs of families and children in individual communities." (p. 73)

Model Profile

The Jefferson County Public School system provides special education services to preschool children with disabilities in the Louisville, Kentucky, metropolitan area. Approximately 97% of the 1,000 preschool children for whom they provide services are enrolled in 260 fully integrated preschool programs. Itinerant special education teachers and related services providers regularly visit the student's integrated program and work with the early childhood education teacher, teacher assistants, and parents/guardians to ensure the student's educational needs are met. Additional teacher assistants are sometimes assigned to a classroom to ensure adequate staff-child ratios. Fifty-eight Head Start classrooms serve as inclusive programs in the JCPS system. Eligibility is based on family income at or below the federal poverty level, the child's handicapping condition, and other factors. All children who meet state eligibility requirements receive special education and related services through the school system.

The JCPS Preschool Program is a tuition-based, half- or full-day program for children without disabilities. This program provides developmentally appropriate activities and child care for three-, four-, and five-year-old children in 18 sites within Jefferson County. Children with disabling conditions are eligible for half-day tuition assistance and free appropriate special education services and related services.

Under the Kentucky Educational Reform Act (KERA), all at-risk four-year-olds must be offered preschool services by public school districts. At risk is defined by the federal free lunch income guidelines. These guidelines permit higher family incomes than the Head Start requirements. The classroom programs meet for a half-day, follow a developmentally appropriate curriculum, and include a free meal (breakfast or lunch). Teachers conduct morning and afternoon classes for four days and conduct home visits and related activities on the fifth day. Students with disabilities receive special education and related services within these programs. Transportation is provided to all students. The prekindergarten classrooms occur in 55 sites.

Children who are three years old and whose families meet the free lunch income eligibility requirements may enroll in the JUMP Start program. Like the prekindergarten programs, these classes meet four days per week for half a day. Teachers conduct home visits on the fifth day. Chapter One money and funds from local corporations support this program, which operates in 23 sites.

Students enrolled in Even Start attend half- or full-day classes, four days per week. Parents and family members join their three- and four-year-old children in the learning environments. Parents also participate in classes to further their education while their children are engaged in preschool activities. A General Education Diploma (G.E.D.), vocational training, and parenting education are available to these parents. Families must meet the free lunch eligibility guidelines to participate in this program. This program operates at six sites.

When sufficient space is not available in JCPS programs, students with disabilities sometimes are placed in private preschool programs. Private preschool programs must meet Early Childhood Special Services program standards and Kentucky State Approval guidelines and be non-church affiliated. Tuition for special education services listed on the child's IEP is paid by the JCPS. The tuition paid by the district is negotiated either through a half-day rate or calculated hourly through a standard formula. The tuition for day care beyond the services listed on the IEP is the responsibility of the parent. Programs must agree to participate in training opportunities provided by the district. The district currently contracts in more than 100 sites.

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LEAST RESTRICTIVE ENVIRONMENT: ELEMENTARY AND MIDDLE SCHOOL

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Abstract

1. Education in the least restrictive environment refers to providing instruction to all students in general education schools and classrooms by utilizing fluid instructional groupings, effective instructional practice, and individualized methods. It is the process of bringing supports and services to the student in contrast to requiring the student to be "placed" in a special education classroom in order to receive services.

2. Successful and effective LRE in elementary and middle schools has been demonstrated and researched, but the implementation of these models exists in relatively few districts. Essentially, students are afforded these opportunities only if their families specifically request them or if they are lucky enough to live in a district that is restructuring for all students.

3. Promising practices include: (a) person/family-centered planning; (b) collaborative goal structures in teaching teams, among students, and across disciplines; (c) collaborative, alternative, and meaningful assessment and teaching; (d) constructivist teaching practices; (e) positive behavioral support methods; (f) use of technology; (g) fluid instructional groupings based on research; (h) transition planning; (i) facilitation of friendships and social relationships as educational goals; (j) timely and intensive in-service and staff development activities; and (k) organizational systems change that unites special and general education to serve all students collaboratively.

4. Models and practices that inhibit effective LRE education include (a) mainstreaming in which students are "dumped" into general education; (b) use of deficit-based placement and prerequisite models; (c) separating inclusion from best practices; (d) overuse of categorical labeling and specialization; (e) overcrowded classrooms; (f) lack of in-service training and staff development time; (g) rigid groupings and tracking; and (h) funding systems that separate staff, services, and supports in special education from general education.

5. Congress should (a) strongly express its support of quality LRE schools, (b) require state and local education agencies to use best practices, (c) amend Subchapters III, IV, and V to require and promote LRE education; and (d) provide incentive funding for research, demonstration, and training to promote LRE education.

6. OSERS should (a) provide funding incentives and (b) establish monitoring systems that clearly establish experimentally valid teaching practices for students with disabilities in general classes, effective practices for heterogeneous groups of students, and systems change.

7. Relying on congressional and OSERS guidelines, state and local agencies should implement effective LRE school practices and plan to desegregate and decentralize services provided by large state schools. Funding should essentially be tied to quality practices and effective outcomes.

1. What outcomes signify successful implementation of the issue?

IDEA's principle of education in the least restrictive environment inevitably is linked to IDEA's principle of appropriate education and to the current efforts, guided in part by Educate America Act: Goals 2000, to reform public education. These two linkages can be challenging and perhaps even confusing: How does LRE advance the appropriate education principle, and how does school reform take LRE into account? It will be helpful to describe these linkages by, first, describing the fundamental issues involved in school reform and, second, describing the evolution of the LRE principle as conceptualized and practiced.

A major pedagogical, social, and political question for current educational reform is the extent to which all children and youth will be included in the transformation of our school systems. Education in the mid-1990s is being rethought and reformed. Efforts in the past decade have been filled with hopeful strategies for the redesign of the nation's most important business: educating and caring for its children and youth. What is not clear is the extent to which there is agreement on the nature and depth of the changes being sought.

Reform efforts in the past decade resulted in important changes in curriculum, assessment practices, teacher education, teaching methods, delivery systems for alternative and compensatory programs, delivery systems for related services, and other parts of the educational system. Bacharach (1990) argues that many of these changes, however, were made within the general operational patterns and structures of public schools vs. the structures themselves. Skrtic (1991, 1995a & b) points out that the process of reinventing schools requires a deeper analysis of cultural, ethical, and epistemological issues. Other authors suggest that the real heart of restructuring public education lies in each school's belief system regarding the nature and purpose of education, and in each school's ability to create a shared vision among its staff, a vision that incorporates both excellence and equity for all students (Stainback & Stainback, 1992; Villa & Thousand, 1992).

The current reform efforts are perceived as different—because they are especially sensitive to the complexity and systemic nature of the issues (Paul & Rosselli, in press). Educators, researchers, administrators, and parents are seeking workable answers to difficult questions. How do we create equitable, collaborative schools in which teachers operate as facilitators of knowledge construction? How do we create equitable and accountable systems that also focus on excellence and choice? How is diversity celebrated in an outcomes-based, shared decision-making model? How do we construct learning situations in which heterogeneous groups of students, including students with the most significant disabilities, achieve valued social and curricular outcomes?

Having described the core issues in school reform, it is now important to describe one evolution of the LRE principle. Its evolution is captured in the three terms that most educators use to describe IDEA's LRE rule. So, we begin by clarifying the differences between mainstreaming, integration, and inclusive schooling.

Mainstreaming has typically meant the opportunity for individuals with disabilities to be involved in one or more classes or class periods with their nondisabled peers. Mainstreaming models operate from a deficit-based approach: Students are "allowed" in only if they maintain certain academic and/or behavioral criteria. Mainstreaming allowed schools to continue to operate the status quo—in other words, no real change had to occur in how instruction was delivered or supported. Students with disabilities or learning challenges were "guests" in the classroom, disenfranchising them in the eyes of their fellow students, and allowing the general education teachers to accept or reject their presence based on a wide range of variables.

Integration is a term which has been used in special education since the late 1970s and signifies the movement to desegregate the separate public schools for individuals with disabilities. From the late 1970s through the 1980s families and professionals focusing on individuals with more significant cognitive and developmental disabilities led the movement to desegregate public schools and bring students with severe disabilities onto regular education campuses in self-contained classrooms. Throughout the 1980s a large body of research documented the success of integration for individuals with significant disabilities. Integration meant, to a large extent, that a student with significant disabilities was based in a special education classroom and then spent part of the day with nondisabled peers in the lunchroom, in the playground, and in some general education class periods. Other time might be spent in the community or in other parts of the school. The integration movement coincided with the move to functional, community-based instruction. Integrated schools, however, still left the students with disabilities as "guests" in the general education classrooms—lucky to be "allowed" in for one or two periods depending on the "PR" work of the special education teacher. The special education staff were still in the role of "knocking on the door" to request that Susan, or Jamal, or Tung be allowed to participate in this period or that period.

Through the successful efforts of many general and special education teachers working in collaborative teams with other related service providers, integration increased. Outcomes included lasting friendships, acquisition of new skills, jobs in the community, and other quality indicators (cf. Halvorsen & Sailor, 1990). As general and special educators continued to work together, utilizing the increasing technology of teaching heterogeneous groups of students, strategies were generated for designing instruction, collaborative teams, and the use of fluid instructional groupings. These educators came to realize, however, that numerous organizational variables inhibited their work and that in order to be effective for all students in the school, restructuring needed to occur. A new term, *inclusion*, was generated to signify the difference between schools which do some mainstreaming of their integrated students and schools in which all students are members regardless of ability.

Inclusive schools bring all students together to achieve individualized outcomes in learning communities that do not discriminate on the basis of ability, gender, or race. The essential difference is that students with disabilities are no longer "guests"—staying only as long as they can prove themselves worthy; instead, they are members—afforded the supports and accommodations they need to be successful.

Inclusive schools are those that have been restructured or redesigned. That is, inclusion as the state of art of IDEA's LRE principle is linked to school reform. This is so because, essentially, inclusive schools are designed to meet the educational needs of all their members within common, yet fluid, environments and activities (Sapon-Shevin, 1991). For professionals who have been involved in the inclusive movement, inclusion signifies much more than the "mainstreaming" of persons with disabilities into general education classrooms. The inclusive schools movement represents school improvement on many levels for all students (Falvey, 1992; Neary, Halvorsen, Kronberg, & Kelly, 1993; Putnam, 1994; Rainforth, York, & MacDonald, 1992; Sailor, 1991; Sailor, Gee, & Karasoff, 1993; Sapon-Shevin, 1992; Stainback & Stainback, 1992; Stainback, Stainback, & Forest, 1989; Thousand, Villa, & Nevin, 1994; Villa & Thousand, 1992). Inclusive schooling means that special education is no longer defined as a placement but as a service provided to students with learning challenges (Stainback & Stainback, 1992; York & Vandercook, 1989). When inclusion is implemented using best educational practices, students with disabilities (no matter how severe) lose neither services nor support but gain the opportunity to have full membership and to grow in functional and meaningful ways in the social and learning contexts of their nondisabled peers (Ferguson, Meyer, Jeanchild, Juniper, & Zingo, 1992; Gee, Graham, Sailor, & Goetz, 1995; Gee, 1993; Giangreco et al., 1994; Halvorsen & Sailor, 1990; Sailor et al., 1993). Research on successful inclusion has also shown that students without disabilities are not hindered in their development and in fact benefit from the inclusion of peers with disabilities in their classrooms and groups (Gee, 1993; Gee, Graham, Sailor & Goetz, 1995; Hunt, Staub, Alwell, & Goetz, 1994; Johnson & Johnson, 1989; Putnam, Rynders, Johnson & Johnson, 1989; Slavin, 1990; Schnorr, 1990; Staub & Peck, 1994).

Stainback & Stainback (1992) state that inclusive classrooms are based on three key principles. First, all children are entitled to learn with their chronological age peers. Children do not have to earn the right to be in a "regular" classroom. Second, all children in a classroom need to be engaged in learning that is appropriate to their skills and needs. There is no such thing as "third-grade work" that is preordained, lock-stepped, or rigidly conceived. Third-grade work is whatever you do in the third grade, and this may vary widely for different children. Third, all children need to take responsibility for helping each other learn and grow, and it is the teachers' responsibility to teach the social skills necessary to make this happen.

Giangreco, Cloninger, & Iverson (1994) also outline the following basic components of inclusive education: heterogeneous grouping with natural proportions of students with and without disabilities; a sense of belonging to a group; shared activities with individualized outcomes; use of environments frequented by persons without disabilities (including the community, the workplace, and the school); and a balanced educational experience (between academic/functional and social/personal aspects of schooling). Several authors have characterized the successful inclusive classroom as a place where students share activities and educational experiences but have individualized outcomes (Ferguson et al., 1992; Gee et al., 1994; Putnam, 1994; Hunt et al., 1994; Neary et al., 1993; Sailor et al., 1993; Schnorr, 1990; Thousand, Villa & Nevin, 1994), thus allowing students with extraordinary gifts and talents to move at their natural learning rate, students who progress slower than the average to move at the best of their ability and to gain learning strategies as well as remaining part of the exciting content of the themes and lessons, and students with severe cognitive and multiple disabilities to learn educational objectives which are meaningful and useful in natural and interesting contexts. The outcomes of a quality inclusive education should reflect the best possible increases in quality of life (friendships, choice, self-esteem, contribution and achievement, financial stability, and the ability to meet personal needs, etc.) for all students; the skills to be interdependent with others; the best possible achievement of independence in all academic, social, and functional areas; and ultimate inclusion in a community of the individual's choice.

Inclusive schooling is linked to school reform: The inclusive schooling affects all students in a school and, as stated, means school improvement on many levels. Schools that move to implement best practices in general education are, indeed, the schools in which students with disabilities will also learn best—if they are included in the reforms. Likewise, schools that move to celebrate diversity by structuring inclusive education and by designing systems that promote both excellence and equity are schools in which all students benefit from the merger of best practices in both general and special education. The basic problem is whether or not all students will be included in the transformation of our schools. The basic premise here is that the transformation cannot take place without including all students.

2. To what extent have these outcomes been achieved in the last five years?

Quality inclusive schooling for all students (including students with significant and/or low incidence disabilities) exists at this point only in moderation in the United

States. While numerous states have mounted systems change efforts to stimulate desegregation and facilitate integration of students with disabilities in the public schools, restructuring is slow and often confined to a few districts with university and federal support. While several authors have demonstrated the success of inclusive school models and have delineated detailed processes by which to plan curriculum and work in teams (Gee et al., 1994; Giangreco et al., 1994; Rainforth, York, & MacDonald, 1992; Stainback & Stainback, 1992; Udvari-Solner, 1994; Thousand, Villa & Nevin, 1994), it is clear that quality inclusive schooling exists at this point only in pockets in some states.

Recent research studies have shown that individuals with intense instructional needs (students with the educational labels of severe and profound disabilities) benefit from instruction within the context of the interesting and motivating activities of their nondisabled peers (Gee, 1993; Gee et al., 1995; Hunt et al., 1994, in press) and that the students without disabilities are not harmed by their presence but in fact benefit (Baker, Wang, & Walberg, 1994; Gee, 1993; Hunt et al. 1994; Hunt, Logan et al., 1994; Staub et al., 1994). While many would try to argue that inclusive schooling inhibits individualization (Fuchs & Fuchs, 1994), exactly the opposite is the case when inclusion is implemented using effective practices. The very definition of inclusive schooling requires teachers to individualize, adapt, and utilize effective practices for a wide range of learning styles.

Despite the fact that the right to the least restrictive environment has been mandated since P.L. 94-142 was enacted in 1975, most families still have to fight for their son's or daughter's right to a quality education alongside his or her nondisabled peers.

To a large extent families are still faced with a school district's "continuum" and, although it may not be stated, an underlying prerequisite model to the inclusion of individuals with disabilities. In other words, the onus of responsibility is often still on the student: If you're good enough, we'll let you come in, but if you mess up, you're out. To a large extent, this is a result of poorly implemented mainstreaming, without adherence to the definitions supplied in #1 above.

To summarize, we currently have achieved integration and mainstreaming in many states and districts, but quality, inclusive schooling (the least restrictive environment) has only just begun.

3. What educational models/procedures are most effective for achieving these outcomes?

Numerous practices exist that support effective inclusive education.

Person/family-centered planning. Person/family-centered planning is an approach to designing the services and supports for an individual which places the individual and his or her closest advocates at the center of the team. Various models exist (Forest & Lusthaus, 1989; Mount & Zwernick, 1988; Turnbull & Turnbull, 1993; Turnbull & Morningstar, 1993) but all have similar characteristics. A person-centered planning meeting brings together the individual, his or her parents and other close family members, close friends, and professionals to discuss the individual's strengths and needs, dreams and nightmares, and plans for the future. Their discussions center on quality of life outcomes and formulate action plans to support the individual to meet the goals. An action plan indicates what each team member is responsible for, what goals need to be accomplished in that particular school year, and what an ideal schedule will be for that individual. The action plan facilitates a successful, collaborative IEP meeting because the team has already agreed on the types of classes, activities, etc., that the individual will take part in and on a list of tentative goals for the school year. The action plan then specifies who will be responsible for assessment and instructional design in each setting/class/activity.

A person-centered approach essentially does what IDEA initially mandated—it gives the parents/family and the individual an equal role with the professionals in the design of the instructional program. By bringing this group of people together to talk about the individual in an entirely different way (without the labels, deficits, etc.), professionals are able to more freely discuss the person's strengths and to see the individual as part of a family system and a community. Discussing futures from a quality of life perspective helps plan for transitions and allows the team to set high expectations and standards for educational outcomes.

Collaborative goal structures. Inclusion is facilitated by collaboration throughout the school. Johnson and Johnson (1989) identified the positive outcomes associated with teaching and learning which occur in cooperation with others. Rainforth, York and MacDonald (1992) identified the strength of teams of related service providers, general education teachers, special education teachers, paraprofessionals, and parents. When teaching and learning are collaborative, individuals with a wide range of abilities can more easily be served in the same classrooms.

Collaborative, meaningful assessment and teaching. When assessment is functional and meaningful for the individual, based on the person-centered plan defined above, and done on an ongoing basis within the context of teaching, individuals with disabilities are more successfully served, no matter where their instruction takes place. Numerous authors have documented the superiority of alternative assessment for individuals with disabilities (cf. Snell, 1993), and many authors also support the use of alternative methods of assessment for all students (cf. Herman, Aschbacher, & Winters, 1992). Classrooms that are heterogeneous and allow for fluid groupings of students require ongoing assessment but also enhance educators' ability to assess while teaching the individual.

Collaborative instructional planning is done jointly by the special education teacher and the general education teacher. They plan instructional units in relationship to the specific outcomes, adaptations, and teaching strategies for the individual with disabilities, thereby facilitating successful inclusion. Gee, Alwell, et al. (1994) developed a successful model for planning and problem-solving across both elementary and secondary instructional units. Collaborative instructional implementation in which special educators and/or their trained paraprofessionals work alongside general educators is the outcome.

Ecological and integrated curriculum. Successful outcomes of inclusive schools are also facilitated by a curriculum that is relevant, motivating, age appropriate, and integrated. The learning of students with and without disabilities is facilitated by a curriculum designed around content vs. skills. In general education terms, an "integrated curriculum" means that a teacher might do a three-week unit on air pollution, and in the process the students utilize their language skills, they write, they conduct experiments, and they learn new math skills. The teacher has provided a relevant and motivating project in which all students can learn a variety of skills. At the same time, careful and planned assessment and instruction is embedded within the activities (Brown & Campione, 1990; Englert et al., 1992).

In special education terms, an "ecological curriculum" is one in which the student's community at large, the school community, and the home provide the base of activities in which assessment takes place prior to planning instructional objectives. Teachers take a close look at the skills the student needs to function in desired, age-appropriate activities in (general education classes, the school, and the community) across a variety of domains. This approach merges easily with integrated and thematic instruction in an inclusive school model.

Constructivist and cognitive instructional practices. Catherine Fosnot (1993) provides the following definition of constructivism: "Constructivism is not a theory about teaching. It's a theory about knowledge and learning. Drawing on a synthesis of current work in cognitive psychology, philosophy, and anthropology, the theory defines knowledge as temporary, developmental, socially and culturally mediated, and thus, non-objective. Learning from this perspective is understood as a self-regulated process of resolving inner cognitive conflicts that often become apparent through concrete experience, collaborative discourse, and reflection" (p. vii, Grennon-Brooks & Brooks, 1993). Constructivist pedagogy is grounded in five principles: (1) posing problems of emerging relevance to learners; (2) structuring learning around "big ideas" or primary concepts; (3) seeking and valuing students' points of view; (4) adapting curriculum to address students' suppositions; and (5) assessing student learning in the context of teaching.

Reductionism is a natural process by which we break ideas, concepts, and skills into parts in an attempt to understand and deal with the whole. Although reductionist thinking has been the backbone of much of the development of the current technology in teaching students with severe disabilities (cf. Horner, Dunlap, & Koegel, 1988; Snell, 1993), the *over-application* of reductionist thinking results in ignoring the importance of the context and causes some failures of the methodology, when used traditionally, in natural contexts. This is especially obvious when students with significant disabilities are integrated into the community and general education classrooms. Students with the most significant disabilities are at the greatest risk for highly mechanistic and reductionist instruction. From a reductionist viewpoint, the more the student's deficit, the more the need to break apart the whole. From a contextual standpoint, the more significant the disability, the more the need to assist the individual to "understand the whole" or make use of the natural cues, consequences, and routines available in richly integrated environments.

Englert, Tarrant, and Mariage (1992) provide four useful categories which define *some* of the teaching practices of a constructivist model: *embedding instruction in meaningful activities; promoting a classroom dialogue for learning; maintaining instruction that is responsive to students; and establishing a classroom community for learning.* The fact that these categories were drawn from research on academic tasks within general education coursework (Englert et al., 1992) is significant because these categories can also be used to organize some of the exemplary research on effective teaching practices which have developed out of the literature on teaching and integrated therapy for students with severe disabilities.

Positive behavioral supports technology. In the last ten years a wealth of research and demonstration has provided teachers with positive approaches to preventing behavior challenges and supporting individuals with serious behavioral disabilities (cf. Carr et al., 1994; Horner, O'Neill, & Flannery, 1993; Reichle & Wacker, 1993). When teachers in both general and special education utilize nonaversive, positive behavioral support technology, the inclusion of individuals with significant disabilities in both school and community is facilitated.

Use of technology. We have only scratched the surface on the use of technology in the schools to support individuals with disabilities. Educators who make use of the current adaptations and systems available for augmentative communication and other learning tools are able to more successfully include students in both the curricular and social activities of their peers. General education classrooms which use technology as a tool within integrated curricular content areas provide a base for heterogeneous groups of students to work successfully.

Fluid instructional groupings within a heterogeneous base class. Slavin (1990) conducted a series of investigations in which he studied various types of groupings and concluded that there are certain subject areas in which small homogeneous groups are effective (reading and math), but he recommends that those groups exist only for those subject areas and that, otherwise, the students be based in heterogeneous classes in which other subjects are taught in heterogeneous groups. He recommends cooperative and heterogeneous groups as the most successful methods in general, with the allowance of homogeneous groups for various subjects. Essentially this type of classroom is fluid. Students work on various projects within a learning community (Brown, 1994; Brown & Campione, 1990) and spend time with a variety of peers at different times of the day. Students are not stuck in one particular group or with one partner but instead work in a variety of groups which may be cross-age, cross-ability, same age, same ability, etc.

Transition planning. Careful transition planning for all of the transitions students make throughout their life (not just school to work) also facilitates successful inclusive schooling. The literature on transition planning provides many useful tools and processes to assist individuals, their families, and teachers in successfully supporting the individual through times of transition.

Facilitation of friendships and social relationships as an educational goal. Successful inclusion is facilitated when teachers consider the development of social skills, social relationships, cooperative interaction skills, and friendship goals for all students and take responsibility for assisting in the development of friendships between students with and without disabilities.

Timely and intensive staff development on methods which facilitate successful inclusive schools (i.e. teaming, teaching heterogeneous classes, celebrating diversity, and setting up communities of learners) is essential.

Organizational systems change which unites general and special education resources to benefit all students. Although the data on systems change are recent, researchers and demonstrators have indicated that in order for inclusive schools to be successful, the whole school—not just the special education program—must do some restructuring. An inclusive school structure requires that there is a commitment from the whole school to serve all students; that all teachers take ownership for all students; that there is a commitment to the use of effective practices and practices which value diversity; and that the needs of each individual are considered equal. Other organizational practices which support inclusion include the use of teaching teams, a site resource team made up of all stakeholders which organizes and distributes resources, site-based and shared management, integrated department planning, and student study teams.

4. What educational models/procedures most inhibit these outcomes?

There are several models, procedures, and practices which inhibit successful inclusion, the most obvious of which are described below.

Models of mainstreaming in which students are "dumped" into general education classrooms with or without a paraprofessional and without the collaborative design of instruction between the general and special education teacher are never successful. Many times this model takes away the very intensity of instruction and planning that is so necessary for individuals with disabilities. In an effort to do "inclusion," many districts inappropriately assign one inclusion facilitator the job of covering numerous schools with one student in each one. These consultant models also often result in poorly implemented programs, lack of teamwork, and a sense of alienation for the special education teacher.

Another inhibiting practice is the use of deficit-based placement and prerequisite models. School systems that hang onto old educational labeling and placement models find it difficult to implement inclusive education. These districts point to the "continuum" as their method. Underlying this continuum is a set of prerequisite skills which students must have to gain access to general classes. Despite the fact that the "continuum" has not been successful, many districts still retain this model in order to avoid change.

Separating inclusion from best practices. By definition, inclusive schooling includes up-to-date effective practices for all students. Inclusive schools utilize research and apply it to their practices, stay up-to-date on new assessment and instructional strategies, and continue to self-renew. When schools are poorly organized, conduct poorly done instruction, and are generally unsuccessful, they will be unsuccessful with students with disabilities as well. It is a huge mistake to separate inclusion from other best practices. Inclusion of individuals with wide variation in ability and need in successful learning communities is actually a sign of an effective school.

Overuse of categorical labeling and specialization. Another inhibitor of successful inclusion is district practices and state credential practices that overspecialize through credentials or roles, resulting in the need to have teachers travel too frequently from place to place and the tendency to dismiss ownership to the "expert."

Overcrowded classrooms. Inclusion requires individualization, and individualization requires downsizing.

Lack of inservice training and staff development to keep up to date with new practices and lack of time for teachers to actually reorganize and synthesize new information and apply it to their teaching practices are serious administrative barriers.

Rigid groupings by ability and rampant tracking are the antitheses of fluidity and thus of inclusion.

State funding systems which separate special education resources from general education are significant policy barriers. Many states fund cooperatives, counties, or service areas to implement special education. While the notion of cooperatively sharing the expense of a related service professional between two districts, or sharing staff development costs, for example, is not a bad one (especially in sparsely populated areas), in many cases the entire special education program is funded under a different system. This means that the principal of a general education school may have special education teachers in his or her building funded not by the district but by another entity with an entirely different salary scale, different holidays, different evaluation structure, etc. It also means that special education administrators are then forced to "ask" for space at schools, for entry to classes for students, etc. These separate structures simply add further barriers to including students with disabilities in the school and setting up collaborative teaching arrangements.

5. Provide two or three specific recommendations for action by Congress.

Congress should ensure effective implementation of inclusion and further research into effective practices in two ways.

Enacting a Presumption in Favor of Inclusive Schools as Defined by OSERS

Congress should amend Subchapters III, IV, and V by adding a requirement that personnel training, services to individuals with disabilities, research, technology, and media shall promote and value the diverse needs of all students within inclusive settings. By making a commitment to effective inclusive schooling, Congress will stimulate the design of programs and practices which are innovative and excellent for all students (with and without disabilities) but also equitable for all students. Congress should add language to Subchapters VI and VII that stresses a commitment to fund resources and technology necessary for individuals with disabilities to attend and benefit from education in regular schools and classes.

Directing OSERS

Congress should make it clear that OSERS should not only create incentives for research and demonstration projects to focus on facilitating inclusion, but also create incentives for educational research into all best practices to be conducted in inclusive schools. This would set a precedent for inclusion to be an indicator of effective educational practice. Additional language should stipulate that OSERS fund projects and research which bank on previous work in grouping strategies, social relationships, etc. Congress should also make it clear to OSERS that it is interested in personnel training programs that innovatively train both general and special education teachers to

work in inclusive schools. Congress should also recommend to OSERS that research outcomes include outcomes for all students in the school or program, not just those with severe disabilities.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Funding Demonstration, Research, Personnel Preparation, and Technical Assistance

Additional research and demonstration are needed on a broader scale to link effective educational practices with inclusion for both students with and without disabilities. OSERS should establish a funding agenda that promotes the following:

- **projects to design and implement effective inclusion and demonstrate outcomes across all students;**
- **projects to delineate effective inclusive practices;**
- **projects to train administrators in inclusive school practices;**
- **projects to train teachers to implement effective practices within inclusive classrooms and schools;**
- **projects to provide technical assistance to districts moving forward with inclusion;**
- **research on instructional innovations over a variety of content areas, but implemented within inclusive schools; and**
- **projects that link special and general education practices.**

Monitor States and Districts to Ensure Effective, Individualized Practices Within Inclusive Schools

Congress should direct OSERS to monitor and directly provide funding incentives to districts and states to ensure quality inclusive schooling through direct application of efficacious teaching strategies and ongoing staff development. By providing a federal definition of quality inclusive schooling, OSERS can set the stage for standards that can be enforced through funding incentives and monitoring activities.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies should define quality inclusive schooling as education that meets the needs of individuals within heterogeneous classrooms and community-based instruction in general education. In addition, they can state the intention that all students will receive the supports and services they need to be successful in inclusive schools.

State legislatures and Congress alike should appropriate special education funds to state and local agencies *with the stipulation* that individuals with disabilities shall be educated in the general education school to which their brothers and sisters would go or the general education school that provides a linguistic community for the individual (i.e., a group of students who are deaf or a group of students with English as a second language at the same general education school). In addition, Congress and state legislatures should place conditions on federal and state funding (respectively) which would require districts to demonstrate how they are providing instruction and support (both curricular and social) in inclusive schools related to the variables identified in #3 above and the outcomes for all students. While it is difficult for Congress to monitor quality except by oversight hearings, it can insist that local and state agencies respond to several indicators of quality instruction within inclusive schools and, in turn, state legislatures should also tie funding to quality.

Congress and state legislatures should provide through funding appropriations that all state schools produce plans through which they will desegregate their services, allowing students to go back to their home or cluster (i.e., deaf, blind, deaf-blind, low-incidence) communities with all the supports and services they need to be successful in general education schools. By funding students at a higher rate in the community than in a segregated school, Congress and state legislatures can provide incentives for schools to bring home their students and disincentives for teachers and administrators to create large segregated centers.

Congress and state legislatures should further demonstrate their commitments to inclusive education through appropriations to public universities that ensure that teacher education programs will provide training to teachers which is grounded in effective practices, self-renewal, teamwork with other disciplines, and critical discourse. Incentives should be provided to universities to stimulate the design of innovative teacher preparation programs and to promote university and school partnerships.

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Annotated Literature Abstract

Citation

Halvorsen, A., & Sailor, W. (1990). Integration of students with severe and profound disabilities: A review of research. In R. Gaylord-Ross (Ed.), Issues and research in special education. New York: Teachers College Press.

Abstract

This chapter reviews the research on instruction which is integrated vs. segregated, providing the reader with a comprehensive discussion of five areas: predictors of integrated placement; an analysis of barriers to inclusion; factors affecting placement; best practices facilitating maximal integration; and outcomes of integration for students aged 3-22. The authors review an extensive list of studies, documenting the research through tables and categorizing the work into constructive groupings. While the review does not cover some of the most recent demonstrations in the 1990s, it provides a scholarly review of the instructional research which led to the development of inclusive schools and gives the reader the research and best practice reasons for inclusive service delivery in addition to the value-based literature.

Key Points

The authors provide 20 indicators which have been shown to have an impact on educational placement decisions:

* student age
* perceived extent of severity of disability
* number and type of services needed (on IEP)
* family socioeconomic status
* perceived family involvement and advocacy for integration
* teacher recency of training
* amount of teacher in-service on integration
* teacher advocacy for integration
* individual education plan (IEP) process/document effect on placement
* state and/or local policy interpretation
* amount of administrator in-service
* administrator advocacy for integration
* perception of regular school site administrator attitude
* perception of space/transportation availability
* perception of ancillary services
* perception of cost feasibility
* governance or educational responsibility
* type of community

- perception of IHE involvement in integration
- perception of the status of existing special school facilities

Practices which facilitate maximal integration are cited as the following with numerous research articles referenced for each:

- degree of physical integration
- extent of contact with same-age nondisabled peers
- extent of normalized professional practices
- extent of parent (or surrogate) involvement in program
- extent and degree of personnel training
- extent to which instruction is data based
- extent to which instruction is geared to functional, generalized skills
- extent to which educational program is transdisciplinary
- extent of involvement in general education program
- extent of community-intensive instruction (ages 12 to 22)
- extent of coordinated transitional planning (ages 12 to 22)

The article summarizes the following data-based outcomes in integrated placements as superior to segregated placements:

- degree of integration in the next educational environment
- social development; less excess behavior
- affective development
- interactive social development
- skill generalization in multiple environments
- parent expectations for child's future
- health and increased independence
- proportion of IEP objectives obtained
- attitudes of nondisabled students at school
- post-school or school-related work placement
- post-school or school-related job earnings
- attitudes of persons in the community
- normal living circumstances

One book that pulls together and gives examples of best practices for individuals with disabilities in inclusive schools is Rainforth, York, and MacDonald (1992), Collaborative teams for students with severe disabilities: Integrating therapy and educational services (Brookes). This book provides a model for instructional design and planning in which the intensity of services is not sacrificed for the development of friendships and social relationships. It is based on collaborative goal structures, individualization, integrated curricular practices, and excellence for all students. These authors integrate what has been proven to be best practices in teaching for all students into a celebration of diversity. The book gives clear, practical guidelines for designing instruction and curriculum for individuals with significant disabilities in inclusive schools as well as strategies for organizing professionals to collaboratively assess and instruct through cooperative teamwork.

SOCIAL RELATIONSHIPS

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Abstract

1. Social relationships are critical to a student's quality of life and are a major determinant whether the student will be a valued participant in his or her community. When schools deliberately help students with and without disabilities have social relationships, they engage in a powerful strategy for overcoming the negative effects of disability.

2. Research evidence on short-term benefits of social relationships abounds; longitudinal research has not been done. The documented benefits for students with disabilities relate to social competence, employment, school achievement, family adjustment, and friendship networks. There also are significant benefits for students who do not have disabilities.

3. The most promising practices are (a) education in the least restrictive environment of the inclusive school and (b) participation in the community.

4. The most significant barriers are (a) segregation in education and (b) categorical grouping of students.

5. To advance social relationships, Congress should (a) clarify the "continuum" provisions of IDEA and (b) require state and local education agencies to adopt promising practices used in general education to promote social relationships between students with and without disabilities.

6. Similarly, OSERS should (a) fund longitudinal research on the effects of social relationships between students with and without disabilities and ensure that the research documents the effects of those relationships on both of those groups of students, (b) require institutions of higher education to assure that their personnel preparation programs teach skills for all teachers to function in the least restrictive environments of inclusive schools, and (c) fund research and model programs that help students develop social competence and meaningful social relationships, that extend their skills and training beyond the acquisition of discrete social skills, and that support biculturalism and school inclusion.

7. State and local education agencies should (a) undertake activities parallel to those of Congress and OSERS and (b) use extended school year programs to ensure integration between students with and without disabilities, thereby building on and preventing regression of the social skills that the students have acquired during the regular school year.

1. What outcomes signify successful implementation of the topical issue?

Social relationships are critical to one's quality of life and are a major determinant of whether an individual will be a valued participant in his or her community across the lifespan. Family and neighborhood play a major role in shaping one's social relationships, but school is perhaps the most important context for children's social opportunities with peers and with adults other than family members. There is a rich and extensive developmental literature documenting the role of interpersonal relationships in supporting one's self-esteem, learning, and social competence (Damon, 1984; Tharpe & Gallimore, 1989). While family and school teach children many of the skills and behaviors they will need to be successful as adults in their families, careers, and communities, one's relationships with peers and acquaintances of all ages are widely acknowledged as the context for mastery of the social rules governing how we use our skills and behaviors in any situation or environment (Vygotsky, 1978).

Furthermore, research in developmental disabilities has consistently revealed the significant role of social relationships in building the individual's social competence and the natural support networks needed by anyone throughout life (Edgerton, 1989; Haring, 1991). For example, one's perceived social competence is known to be as critical to getting and keeping a job as one's actual performance on the job, and a lack of social competence is the most frequently cited reason for employment difficulties (Wehman & Kregel, 1989). Friends, mentors, and benefactors are among the terms used to describe personal relationships that create interdependency and that promote participation in a variety of valued roles in one's community (Bryant, 1989). Natural support networks involving friends and community members who are comfortable with persons with disabilities are particularly important for those persons with significant disabilities who may not acquire as many complex skills or behaviors as their peers.

If a child has the opportunity for developing positive social relationships, primary outcomes as an adult should include close personal friendships, positive relationships with family, appropriate and diverse patterns of social interactions with the variety of acquaintances, co-workers, neighbors, service providers, and the many others with whom one might interact on a typical day, and personal satisfaction with the range and quality of those social relationships. Secondary outcomes should include cooperation and getting along with teachers, staff, classmates, and friends at school; getting and keeping a job; collaborating with and developing mutually satisfying working relationships that enhance job performance; living in a stable situation either alone or with family members or roommates based on choice; and successfully negotiating participation in the community activities that are part of daily life.

Finally, outcomes for nondisabled persons involved in social relationships and interactions with persons with disabilities have ranged from improved self-esteem; the acquisition of positive social behaviors such as kindness and gentleness; increased interpersonal skills (e.g., collaboration, cooperation) and social competence; new valued social relationships such as a friendship with a person with disabilities; decreased social intolerance of various forms of discrimination (e.g., racism) based upon stereotyped individual and group characteristics; and the development of a higher order social consciousness around ideals of fairness or social good (Evans, Salisbury, Palombaro, & Goldberg, 1994; Helmstetter, Peck, & Giangreco, 1994; Kishi & Meyer, 1994).

2. To what extent have these outcomes been achieved in the last five years?

The data base on the social relationships and social competence of persons with disabilities has grown geometrically since 1975, as evidenced by reviews on this topic across time (Meyer & Putnam, 1988; Haring, 1991; Meyer, 1994). In particular, researchers have demonstrated a significantly positive relationship between school and community inclusion and a range of related outcomes such as social competence, employment, school achievement, family adjustment, and meaningful social relationships in persons with disabilities (Meyer, 1994; Turnbull et al., 1993). Similarly, there is a growing data base documenting the positive relationship between social interactions with persons with disabilities and the development of positive social-emotional and academic outcomes for nondisabled persons (Evans et al., 1994; Hunt, Staub, Alwell, & Goetz, 1994; Putnam, 1993). There are multiple demonstrations of these positive relationships in studies of short-term behavioral change as a function of different intervention strategies that have an impact upon social relationships (Haring, 1991). Unfortunately, long-term outcomes are largely unknown because there has been no longitudinal study across time and across the lifespan of persons with and without disabilities, though what little evidence does exist is primarily positive (Kishi & Meyer, 1994).

3. What educational models/procedures are most effective for achieving these outcomes?

Social context has become an overriding framework for the attainment of both social and academic competence for children. Few if any skills are performed without reference to their social context, and just as the business world has increasingly emphasized interpersonal aspects of successful performance on the job, children's mastery of critical life skills is integrally connected to their relationships and interactions with others. This mastery occurs best in inclusive schools.

In general, quality inclusive schooling for students with disabilities is consistent with and mutually supportive of many current most promising practices in general education, such as reciprocal/peer teaching; authentic/portfolio assessment; interdisciplinary and thematic instruction; team teaching; learning centers; learning style; multiple intelligences; and the use of computers and other technologies in instruction.

Inclusion in the life of the school and community across the developmental period also relates to positive outcomes for children with and without disabilities. Specific aspects of school inclusion that have been judged effective in promoting positive interpersonal outcomes include the following:

* Quality inclusive schooling in which the child with disabilities receives an appropriate education focusing upon his or her individualized needs within the context of the ongoing activities in the general education classroom with special education services and supports.

- Peer support within the general education structure and as part of a quality inclusive schooling effort that incorporates promising practices such as cooperative learning, reciprocal teaching, scaffolding, and peer tutoring.
- Circles of friends and collaborative problem-solving in which the children themselves are empowered and supported to generate age-appropriate and practical approaches and solutions to issues that arise in school and community.
- Integrated therapy approaches that entail goal selection and providing therapy services and supports in the context of naturally occurring routines and environments characteristic of the child's family, neighborhood, peer reference group, and community.
- Cooperative and collaborative goals and activities that reflect children's multiple intelligences, their diversity of learning styles, strengths, and needs, and assisted performance and learning constructs reflecting current learning theory.
- Authentic assessment emphasizing performance measures referenced to real-world, task-related, and interpersonal demands and contexts at different ages and in diverse social situations and environments. These assessments are also measured against universal standards within the various levels and subject areas—particularly higher order skills such as critical thinking and problem-solving across the curricula.

4. What educational models/procedures most inhibit these outcomes?

Segregation and isolation remove critical social context, peer modeling, and friendship opportunities from the lives of students with disabilities. The extensive attention given to the need to teach skill generalization may have been partly the result of teaching skills out of context in the first place. Any time that a skill is taught in an isolated and/or artificial situation—and where performance involves only paid teachers and other caregivers rather than interactions with persons who would be part of the natural situation in the real world—that skill needs to be virtually "retaught" in context or is apparently quickly forgotten. Furthermore, segregation from nondisabled peers removes potential peer models and critical natural supports from the lives of children with disabilities. If a child is grouped educationally only with other children with disabilities, that child is effectively deprived of the opportunity to model age-appropriate behaviors from peers who do not have disabilities.

If other nondisabled children do not have the opportunity to interact with peers with disabilities, they themselves will be restricted in their socio-communication skills and level of comfort in knowing how to interact with persons with disabilities. Children who attend school together starting at an early age do not need sensitivity training, discussions with puppets (rather than classmates with disabilities in natural context), or consciousness raising through books and movies. There is little or no evidence that these pre-inclusion programs have a lasting impact, in contrast to social contact experiences extending across time in natural contexts such as school and community recreation activities. While the pre-inclusion strategies for promoting positive attitudes and behavior were somewhat beneficial and a reasonable beginning at a time when children were educated in separate settings, they were associated primarily with short-term attitude changes, and there is no evidence that these changes endure over time or even that they generate changed behavior toward persons with disabilities. Logically, they seem a poor substitute for learning the actual behaviors and experiencing real and positive friendships and other interpersonal relationships that are possible through social contact between children who have diverse abilities. And, of course, the real world is diverse, that kind of social contact is clearly the criterion of ultimate functioning for children with and without disabilities preparing for the adult world.

Similarly, categorical programs that restrict social contact to other persons with the same disability or level of functioning also restrict opportunities for social learning from peers. Whenever children are grouped homogeneously, social models for different behaviors and skills will be restricted or eliminated. Further, whenever children share similar needs and their skills and needs are not complementary, their performance will depend upon adult intervention rather than peer support and coordination of strengths and needs. Even in instances where disability is associated with a positive peer culture that can offer lifelong support (e.g., the deaf community), opportunities to interact with both members of that culture and others who do not have the disability will enhance the individual's ability to be bicultural (e.g., interact not only with others who are deaf, but also with those who are not, who might include such critical significant others as one's parents/family members as well as expanded friendship networks).

5. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

Under the current language of the "continuum of services," the continuum is viewed as a continuum of increasingly restrictive places, such that as intensity of need increases, segregation also increases. The language describing the continuum of services should be clarified to enable intensity of services to vary according to needs regardless of placement location. This would allow for greater levels of services and supports to be provided to students with disabilities in inclusive schools and classrooms, rather than entailing movement to segregated placements in order to access those levels.

References to "most promising practices" in special education and related services should be expanded to reference most promising practices in general education to facilitate coordination of resources and services in inclusive schools and classrooms for the benefit of all children.

Plans for a Comprehensive System of Personnel Development should reference mutual articulation between general and special education personnel to build the capacity of the state and local education agency to make quality inclusive schooling options available to students.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research to be carried out over the next five years.

Identify funding priorities for longitudinal research on outcomes related to variables that affect opportunities for social relationships and social contact between persons with and without disabilities. Such priorities should also encourage multi-method, participatory, and multiple outcome measurement research approaches.

Emphasize personnel preparation at both preservice and in-service levels that promotes quality inclusive schooling and the delivery of appropriate special education services and supports in settings that do not segregate children and thereby compromise their social relationship opportunities.

Identify research and development funding priorities that support broad social competence and social relationship constructs such as biculturalism and school-community inclusion rather than the teaching of discrete social skills.

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Annotated Literature Abstract

Citation

Haring, T. G. (1991). Social relationships. In L. H. Meyer, C. A. Peck, & L. Brown (Eds.), Critical issues in the lives of people with severe disabilities (pp. 195-217). Baltimore, MD: Paul H. Brookes.

Abstract

This authoritative chapter is part of a state-of-the-practice compendium of research and development on most promising practices in services and supports for persons with severe disabilities. Topical chapters were solicited for Critical Issues in each of the areas that have been addressed by policy statements and resolutions of The Association for Persons with Severe Handicaps (TASH), the major professional and advocacy association focused upon the needs of those who have been the most excluded from educational and other normalized opportunities for development and participation in schools and communities. Haring's chapter provides an up-to-date review of research on social interactions and social relationships between persons with and without disabilities, with emphasis upon peer interaction strategies that can be related to meaningful outcomes. The theoretical bases for various approaches are included in the review, and findings for specific interventions and approaches are summarized with respect to dependent variables such as attitude change, positive social interactive behaviors, and friendships.

Annotated Literature Abstract

Citation

Kishi, G. S., & Meyer, L. H. (1994). What children report and remember: A six-year follow-up of the effects of social contact between peers with and without severe disabilities. Journal of The Association for Persons with Severe Handicaps, 19, 277-289.

Abstract

This is an investigation of what nondisabled teenagers report and remember as a function of elementary school experiences involving different levels of social contact with peers with severe disabilities. Two self-report interpersonal measures were administered to nearly 200 students comprising social contact, exposure, and control groups. A subsample of 93 teenagers was interviewed about experiences and attitudes toward persons with disabilities and their memories from earlier school experiences. Analysis of the attitudinal data revealed significantly more positive attitudes, higher levels of current reported social contact, and more support for full community participation by persons with disabilities as a function of earlier social contact—although all children were relatively positive. The interview data with children in the high social contact group offer particular caveats for future inclusion efforts to avoid potential negative effects upon children's personal relationships and social attitudes. Suggestions are made for future research to investigate the impact of inclusion on children's socio-personal development and social relationships. To date, this is the most extensive and long-term data base available involving impact on children and reporting their own perspectives on their social relationships with peers with significant disabilities.

Model Profile

With more than a thousand schools attended by over one million students, educational programs in New York City respond to many constituencies and multiple needs. During the past four years, the New York Partnership for Statewide Systems Change has collaborated with city school districts to provide quality inclusive schooling to children with significant disabilities as full participants in the academic and social life of the school.

The Surfside School, P.S. 329 in Coney Island, Brooklyn, was one of the first schools to begin these efforts. Inclusion at Surfside began with two children fully included and has now expanded to support 14 children with severe disabilities enrolled in eight classrooms across grades K-4. Special education methods and resource teachers team with grade-level general education teachers to create optimal learning environments to benefit **all** children at Surfside–those with and without disabilities.

What is particularly remarkable about this school is that inclusion not only has worked for the benefit of students with the most severe disabilities but also has benefited their nondisabled classmates. In a school where virtually 100 percent of the students qualify for free lunch and children have many education and social needs, the time period since inclusion was implemented has also been associated with significant gains in math and reading scores by children in general education. The children with disabilities in turn rapidly outstripped their original IEP goals and have demonstrated unexpected academic and social skills beyond those envisioned when their inclusive programs began.

In addition to special education services, students with multiple disabilities receive a range of individually appropriate therapy and support services through integrated therapy approaches. Planning time is scheduled weekly between all relevant instructional and support personnel to ensure that the team delivers appropriate programming to each student. State-of-the-art models for curricular and instructional modifications to enable the attainment of students' IEP goals within the context of ongoing age/grade-level instructional activities. Paraprofessional support staff assist the general education teacher as they work with the child with disabilities and nondisabled classmates applying the modifications and adaptations needed by each child under the supervision of the teacher and/or therapist. The students with severe disabilities function in all activities that are part of school life, including extracurricular opportunities such as cheerleading. In addition, the inclusion team meets on a regular basis to plan and problem-solve to ensure that students receive the social support they need and to build positive social relationships and friendships between students. These activities are not designed to stigmatize the students with severe disabilities but instead reference all children and are directed toward concepts and practices that, in the words of the principal, support "the making of good human beings."

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SELF-DETERMINATION

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Abstract

1. Self-determination refers to the attitudes and abilities students need to make choices and decisions about their lives and to assume greater control of and responsibility for their quality of life.

2. The outcomes are that students with disabilities are actively involved in all phases of their educational program from placement to graduation and learn skills they need to assume greater responsibility for all aspects of their adult lives. The educational system has only recently begun to focus attention on the topic of self-determination for students with disabilities, based mainly on research findings that report less than desirable adult outcomes for youth with disabilities.

3. A self-determination curriculum focuses on choice-making, decision-making, problem-solving, goal setting and attainment, self-observation, self-evaluation and self-reinforcement skills, internal locus of control, positive attributions of efficacy, self-awareness, and self-knowledge. Noncurricular strategies include increasing student involvement in educational planning and decision making, mentoring, work and community experiences, modifications in school environments, and use of assistive technology.

4. The most significant barriers to self-determination involve (a) overly controlling school procedures that place students on the outside of the educational process, (b) overreliance on testing, and (c) stereotyped, debilitating attitudes about and expectations for people with disabilities, reflected in the negative language used by most educators to refer to students.

5. Congress should help students achieve self-determination by (a) including in IDEA the findings from the Rehabilitation Act Amendments of 1992 regarding the view of disability and national goals, (b) strengthening student involvement in educational planning and decision making, and (c) conducting oversight hearings related to transition.

6. OSERS should improve student outcomes in self-determination by (a) funding research and demonstration projects that identify barriers to self-determination and evaluate models and procedures to promote this outcome, (b) funding preservice and in-service training to teachers and administrators on models, procedures, and attitudes that support self-determination, and (c) establishing a national research and training center on self-determination.

7. State and local education agencies should support self-determination by (a) removing administrative regulations that unnecessarily restrict opportunities for student choice and control, (b) providing adequate support and training to teachers, and (c) ensuring that forms and formats for planning meetings do not exclude students from participation.

1. What outcomes signify successful implementation of the topical issue?

Section 101 (29 U.S.C. 701) of the Rehabilitation Act Amendments of 1992 stated that "disability is a natural part of the human experience and in no way diminishes the right of individuals to—(a) live independently; (b) enjoy self-determination; (c) make choices; (d) contribute to society; (e) pursue meaningful careers; and (f) enjoy full inclusion and integration in the economic, political, social, cultural and educational mainstream of American society" (29 U.S.C. Sec. 2(a)(3)(A-F)). This Act further stated that "the goals of the Nation properly include the goal of providing individuals with disabilities the tools necessary to—(a) make informed choices and decisions; and (b) achieve equality of opportunity, full inclusion and integration in society, employment, independent living, and economic and social self-sufficiency for such individuals" (29 U.S.C. Sec. 2(a)(6)(A-B)). Unfortunately, the current reality for most Americans with disabilities is that these outcomes are not achieved.

Napoleon Bonaparte said, "Ability is of little account without opportunity." IDEA and ADA have provided opportunities for people with disabilities to achieve their desired outcomes. But, because opportunity is of little account without ability, schools should provide students with the skills they need to succeed as adults, including academic, social, and vocational skills. These skills alone are insufficient to ensure adult success (Hasazi, Gordon, & Roe, 1985; Mithaug, Horiuchi, & Fanning, 1985). Students also need skills to become self-determined.

Self-determination is "a life filled with rising expectations, dignity, responsibility and opportunity" (Williams, 1989, p. 16) and is an outcome prized by virtually every

American. Citizens value making choices based on personal preferences and interests and having responsibility for decisions that impact their lives. More than just being a valued aspect of society, however, Americans essentially define adulthood by the performance of such behaviors. When individuals with disabilities lack the opportunities to become self-determined, they have limited potential to achieve adulthood and assume adult roles. This is reflected by the fact that Americans with disabilities experience chronic unemployment and social isolation and remain dependent on overburdened service systems.

Federally funded research and model demonstration programs have been the critical first step to ensuring that students receive educational services that promote self-determination by teaching problem-solving, decision-making, and goal-setting skills. These projects have employed innovative instructional methods such as self-regulated learning, adult and peer mentoring, and community-based learning experiences and have emphasized student involvement in and control over educational program planning, decision making, and implementation. The projects, therefore, implement IDEA's requirements that transition services be based on student needs and take into account student interests and abilities. The projects also increase attention to student participation in and responsibility for educational planning and decision making.

The outcomes of these efforts are multiple. Students with disabilities are actively involved in all phases of their educational program, from placement to graduation, and learn the skills they need to assume greater responsibility for all aspects of their adult lives. Educational programs emphasize student choice and involvement in planning and implementing learning activities and structure learning environments to achieve student self-determination.

2. To what extent have these outcomes been achieved in the last five years?

While progress has been made in the last five years, generally these outcomes have not been achieved. Federally funded demonstration projects have spawned a growing body of literature on self-determination and the education of students with disabilities (Abery, 1993; Martin, Marshall, & Maxson, 1993; Wehmeyer, 1992a, 1992b). As these and related projects are completed, there will be a strong foundation for further research, instructional and assessment materials, and innovative methods to promote this outcome.

This is providential because the current state of affairs is not encouraging. Students with disabilities are much less autonomous than peers without disabilities (Lewis & Taymans, 1992; Murtaugh & Zettin, 1990), believe that others or circumstances control their destiny, and hold perceptions of themselves and their environments that are not conducive to becoming self-determined (Wehmeyer, 1994). Not surprisingly, students with disabilities too frequently become adults who do not take control of and responsibility for their lives. One only has to examine current outcomes for adults with disabilities to see that this is true. For example, Wehmeyer and Metzler (in press) found that only 6.3 percent of adults with developmental disabilities indicated they had a choice in where they currently lived, 9.4 percent said they had selected their roommates, and 11.3 percent indicated they had selected where they worked or their daytime activities.

Kishi, Teelucksingh, Zollers, Park-Lee, and Meyers (1988) found that adults with disabilities had fewer opportunities to make choices regarding daily activities, such as what to watch on television or eat for dinner, than did nondisabled peers. At the present time, very few students leave school with the attitudes and abilities that enable them to take control of and responsibility for their lives.

Are students involved in their education program as planners and decision makers? Although IDEA provides that students should be involved in IEP meetings when appropriate, Gillespie and Turnbull (1983) have pointed out that little effort was expended to operationalize "when appropriate" and most students were either uninvolved in the process or involved only peripherally. Van Reusen and Bos (1990) summarized the situation seven years later, stating that "student involvement [in educational planning], even at the secondary level, is for the most part either nonexistent or passive" (p. 30). Essentially, students with disabilities are not involved in all aspects of their educational program.

Finally, it is important to look at the educational environment in which students with disabilities learn and practices employed by schools. Special education environments are usually highly structured and controlling, thereby limiting opportunities to develop self-determination. For example, Houghton, Bronicki, and Guess (1987) found that classroom personnel responded at very low rates to student-initiated expressions of preference or choice in special education classrooms. Special education procedures, from assessment to placement, essentially treat the student as a passive recipient of services. Wehmeyer, Martin, and Marshall (1994) asked, "If students floated in life jackets for 12 years, would they be expected to swim if the jackets are jerked suddenly off?" The obvious answer is no. The same is true in the area of self-determination. It is too often the case that school environments and practices limit self-determination rather than promote this outcome.

3. What educational models/procedures are most effective for achieving these outcomes?

To achieve student self-determination requires overlapping curricular and noncurricular efforts. The development of self-determination begins before children enter school and relies on partnerships among home, school, and the community throughout a student's educational career.

Curricular Considerations for Promoting Self-Determination

Self-determination emerges as students develop attitudes and abilities in the following categories: (a) choice-making; (b) decision making; (c) problem-solving; (d) goal setting and attainment; (e) self-observation skills; (f) self-evaluation skills; (g) self-reinforcement skills; (h) internal locus of control; (i) positive attributions of efficacy and outcome expectancy; (j) self-awareness; and (k) self-knowledge. Each categorical area has a unique developmental course and instructional emphasis will vary according to that progression. For example, choice-making skills emerge early in life as children identify their own preferences and make selections based on these preferences. Choice-making skills, in turn, are a key component in the decision-making process and must be in place for decision-making skills to develop.

Curricular models have (a) emphasized promoting self-determination within a career education framework (Wehmeyer & Metzler, in press), (b) used the arts as a means to promote self-determination, self-confidence, and self-esteem (Harris & McKinney, 1993), and (c) worked within culturally diverse populations (Hispanic, Native American) to promote self-determination (Carter-Ludi & Martin, in press). These models share the common theme that self-determination is an outcome that will be fully realized only when instruction (a) occurs in inclusive settings (Field & Hoffman, 1992), (b) emphasizes collaboration and partnerships with the home, and (c) incorporates innovative practices like peer mentoring, experiential and cooperative learning, and modeling. Several models have organized extracurricular activities to promote outcomes related to self-determination, like self-advocacy.

Noncurricular Considerations for Promoting Self-Determination

Student involvement in educational planning and decision-making

Among the most visible efforts to promote self-determination are those that involve students in the planning and decision-making process. For students with less severe disabilities, models exist that employ self-regulated learning activities to enable students to learn key skills necessary for them to lead or contribute to the education planning process (Martin, Marshall, & Maxson, 1993; Wehmeyer & Kelchner, 1994). These activities promote student self-awareness and self-knowledge, decision-making skills, educational goal setting, effective communication, and leadership skills. They differ from straight curricular efforts because instructional activities are student directed, integrated into actual planning and decision-making activities, and focus on achieving student participation in educational planning meetings as an equal partner. For students with more severe disabilities, Turnbull and Turnbull (1994) developed a model in which students, family members, professionals, and others work through a process to identify goals, resources, and obstacles to achieve desired outcomes. Based on this information, the student, supported by the group, formulates action plans across all areas of his or her life.

Mentoring

A number of models have used mentoring to promote self-determination. They typically match students with an adult who has a similar disability to serve as a role model. These adult mentors work directly with students to provide a model of success in the community. Establishing links between schools and local Independent Living Centers to identify mentors has been effective and has the benefit of encouraging collaboration between schools and adult agencies.

Work and community experiences

A frequent component of model programs is work and/or community experiences. Students with disabilities are provided opportunities to explore options they have identified as possible outcomes from the transition process, including post-secondary education, employment, housing, transportation, and recreation and leisure options, through frequent community-based learning experiences. The experiential component is coupled with training and educational activities on the school campus and in the community.

Other noncurricular strategies

Other strategies have been employed and should be part of a comprehensive strategy to promote self-determination. Powers (1993) emphasized supporting independence and self-determination by stressing team building, networking skills, negotiation, and self-advocacy. Modifications to school environments and teacher models that promote student-directed learning are essential to success. It is also important not to overlook the importance of assistive technology to enable students to take more control of day-to-day activities, thus promoting independence and self-determination.

4. What educational models/procedures most inhibit these outcomes?

Perhaps the most significant barriers to self-determination involve (a) procedures employed in the educational process and (b) the attitudes of educators, family members, and the general public. As mentioned earlier, most school environments are not structured to promote self-determination and in reality promote dependence, limit choice, and limit decision making (Wehmeyer, 1992a). Ianacone and Stodden (1987) described students as "dependent on the parameters, goals and restrictions established by the teacher" and concluded that "we are establishing a dependent classroom and adult interactive atmosphere at a time when structuring independent behaviors and decision-making is most critical" (p. 5).

Additionally, the educational system has been characterized by procedures that place students on the "outside" of the process, increasing dependency and student perceptions of helplessness. A case in point is the IEP process from which students are absent. Other examples exist. A frequent experience for students with disabilities is to be tested, yet there are few circumstances that place one in such a dependent position. Students receiving special education services are "subjects" for standardized tests to evaluate their placement options, achievement tests to determine progress, language tests to determine their need for speech services, and so forth. In almost all of these situations, students sit passively, do what they are told, are not informed as to what the possible outcomes of the assessment could be, and leave still naive to the intent and significance of the activity. This information is then used to make decisions about them and their school experiences. It might be difficult to find two more "dependency creating" procedures than the placement and decision-making process used in most schools today.

As debilitating as these procedures and environments can be to the development of self-determination, they are compounded by the attitudes of many professionals in the field. Disability has been viewed predominantly within two interpretive models—a medical, or disease, model and an educational, or deficits, model. A medical model of disability takes as its basic tenet the assumption that disability must be treated as a disease, and intervention focuses on curative aspects. An educational model of disability focuses not on curing a disease, but fixing its symptoms. The educational model could, however, be portrayed as a remediative or skills development model instead of a deficits model. Many of the accomplishments of the last few decades can be attributed to the assumption, introduced and supported by the educational model, that all individuals can learn. Unfortunately, because the educational system has adopted a paradigm of diagnosing deficits through testing and then focusing intervention on these problem areas, it has too frequently accentuated student deficits rather than abilities. While at times this is a necessary course of action, it is applied far too long and with debilitating consequences. If universities operated like the special education system, incoming freshman would choose the area or skill they were worst at and spend four years trying to become, instead, barely competent in that area!

A model of disability that emphasizes deficits promotes expectations of incompetence. Nowhere is this more evident than in the language educators continue to use to refer to students with disabilities: trainable, educable, nonverbal, emotionally disturbed. After all, one hardly expects "a trainable" to hold a well-paying job at the bank down the street. Yet, in fact, adults with moderate mental retardation can hold those jobs when provided adequate support. A model that views disability as a "normal part of the human experience," as the Rehabilitation Act does, focuses on normalizing experiences and creates expectations of community integration and social inclusion. We must move from the old views to the new.

A third barrier to self-determination is the methods used to teach students with disabilities. Educators adopt models of teaching based on their philosophy of learning, professional training, preferences, and skills. Almost all such models include practices that can either support or hinder self-determination. For example, a dominant orientation in special education is applied behavior analysis. Several models of teaching have emerged from this orientation. The contingency-management model, which relies on highly structured activities and external reinforcement, has been criticized as inhibiting self-determination (Deci & Ryan, 1985). On the other hand, a self-control model, also based on behavioral principles, has been an effective model for increasing student self-regulation and self-determination. Models of teaching that are overly controlling, teacher-oriented, and limiting of student participation in the learning process impede self-determination, independent of philosophical orientation. Models that rely too heavily on "traditional" means of delivering information to students (e.g., lectures, worksheets) also limit self-determination.

5. Provide two or three specific recommendations for action by Congress.

Congress should ensure that students achieve self-determination by (a) including in IDEA the findings from the Rehabilitation Act Amendments of 1992 regarding the view of disability and national goals, (b) strengthening student involvement in educational planning and decision making, and (c) conducting oversight hearings to ensure that transition requirements currently in IDEA and additional rules and regulations regarding student involvement in educational planning and decision making are adequately implemented.

A Constructive View of Disability and the Goals of the Nation

Congress should amend IDEA's statement of findings and purpose to be consistent with other federal laws. The findings in the Rehabilitation Act provide a view of disability and the national goals that clearly articulate the importance of self-determination, choice, decision making, independence, and inclusion. This language, already replicated in the Findings and Purpose section for the 1993 reauthorization of the Developmental Disabilities Act, should be replicated in the reauthorization of IDEA. The language used and the view of disability forwarded in these laws respect the competence, value, and dignity of Americans with disabilities and provide a foundation for replacing older, debilitating, and stereotyped views of disabilities. By contrast, IDEA's Statement of Findings and Purpose is dated and reflects the needs of the 1970s, not the 1990s. The inclusion of new language (without repeal of the existing language) has the additional value of providing a consistent message and vision in federal disability policy.

The importance of establishing such a vision cannot be underestimated. Father Theodore Hesburgh, former president of Notre Dame University, stated that to achieve change, "You have to have a vision. It's got to be a vision you articulate clearly and forcefully on every occasion. You cannot blow an uncertain trumpet" (Belasco, 1990, p. 11). The language in the Rehabilitation Act provides such a vision. Only when such a vision is sounded as a "certain trumpet" can systems, including the education system, empower and enable individuals to be self-determined, independent, and integrated into the fabric of American communities.

Strengthening Student Involvement in Educational Planning and Decision Making

Congress should strengthen IDEA's transition provisions. The present transition requirements are important first steps in ensuring student involvement in the educational decision-making process, requiring that transition services be based upon student needs and take into account student interests and preferences. The 1995 reauthorization should take the next step to ensure that students with disabilities are equal partners in the educational planning and decision-making process by amending the IEP provisions. Currently, a student may participate in developing an IEP when appropriate. The student should attend an IEP meeting "whenever the parent decides that it is appropriate for the child to do so"; "the agency and parents should discuss the appropriateness of the child's participation before a decision is made" and should encourage older children to participate. (Federal Register, Vol. 57, No. 208, October 27, 1992, p. 48699). The Congress should make student involvement the norm and not the exception. Current policy, in essence, places the burden on the child to prove he or she can or should participate. The language should reverse this policy, placing the emphasis on providing evidence as to why a student cannot participate in the meeting.

The IEP meeting is a process that should include all stakeholders, including students with disabilities, as equal partners. While there are extenuating circumstances that might preclude student involvement, model programs described earlier show that students with disabilities, including students with severe disabilities, can be partners in the planning process. This should be the intent of the law.

Conduct Oversight Hearings to Ensure Implementation of Transition and Student-Involvement Procedures

Although there is limited evidence to evaluate the current situation, it appears that IDEA's transition requirements are being implemented slowly and with much lurching and stopping. Nonetheless, states and districts seem to be making headway on developing formats for Individualized Transition Plans, making sure that goals related to transition are included in IEPs, and establishing interdisciplinary involvement from educators and adult service providers. There is less reason to believe that the student-involvement component of the transition requirements is being interpreted broadly to support student participation in all aspects of planning. Instead, the requirements seem more likely to be interpreted narrowly, as requiring only some assessment of student interests or by asking for student satisfaction with plans and decisions made by others. Unfortunately, students have been conditioned to acquiesce many times, and indicators of "satisfaction with services" are notoriously unreliable indicators of student involvement, motivation, or, for that matter, satisfaction.

It is likely that any strengthening of student-involvement language would be treated similarly. By establishing oversight hearings, Congress can provide the impetus needed to make sure that students are not simply included as tokens to meet administrative requirements. The hearings should emphasize the importance of the transition requirements generally and the student involvement in the educational process specifically.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS should improve student outcomes in self-determination by (a) funding research and demonstration projects that identify barriers to self-determination and evaluate models and procedures to promote this outcome, (b) funding personnel preparation projects to provide preservice and in-service training to teachers and administrators on models, procedures, and attitudes that support self-determination, and (c) establishing a national research and training center on self-determination.

Research and Demonstration Projects on Self-Determination

OSERS has taken the lead in promoting self-determination by funding a series of demonstration projects through the Secondary Education and Transition Services Branch. These projects have resulted in increased attention to self-determination at the secondary level and have provided a catalyst for research in self-determination. However, because all of these funds were targeted for projects working with students in the secondary education years, self-determination has inaccurately been perceived as a transition issue only. There are very few efforts to address a lifelong perspective on self-determination, either with younger children or, at the other end of the spectrum, with adults. There is a need to examine the development of self-determination and create interventions to support this development for young children, adults, and students with more severe disabilities. OSERS should solicit proposals to conduct such research and development through its Early Education Program for Children with Disabilities, Post-Secondary Education Programs for Individuals with Disabilities, and Program for Children with Severe Disabilities competitions.

OSERS also can promote student self-determination by funding research and demonstration projects that clearly articulate how they will achieve outcomes identified in IDEA, including self-determination. In 1989, OSERS sponsored the National Conference on Self-Determination. This event, described in detail in one of the

Annotated Literature Abstracts, brought together Americans with disabilities, advocates, educators, researchers, and policy makers to recommend directions the agency should take to promote self-determination. This group made 29 recommendations that should be implemented to achieve this outcome. One such recommendation was that grant proposals be rated according to how well they include and support self-determination. In the opinion of these participants, self-determination was an overarching outcome for individuals with disabilities and worth emphasizing in research and demonstration projects.

Personnel Preparation to Promote Self-Determination

Many educators mistakenly assume that efforts to promote self-determination are primarily student focused. This is based on the belief that what is limiting self-determination for people with disabilities is their lack of skills. In fact, it is almost certainly true that the most effective means of promoting self-determination for youth with disabilities are to change school environments and procedures and to change educators' attitudes and expectations for students. This begins with education--teacher and administrator education. OSERS should use resources through Subchapter IV of IDEA (Training Personnel) to develop materials and procedures providing preservice and in-service education. These efforts will need to give teachers currently in the field and in training the opportunities they need to change their attitudes related to disability and the skills they need to utilize methods and procedures that support self-determination.

Additionally, OSERS should fund projects and use existing resources, like Parent Training and Information Centers, to enable family members, people with disabilities, and disability advocates to serve as trainers. In many cases, the most effective training is to provide educators and administrators the opportunity to listen to people with disabilities and their families talk about their lives, their experiences, and their dreams. Existing vehicles for information dissemination, like the National Information Center for Children and Youth with Disabilities, should continue to emphasize self-determination and tell the stories of people with disabilities.

Create a National Research and Training Center on Self-Determination

This recommendation comes directly from the participants of the OSERS-sponsored national conference on self-determination. According to the proceedings from that conference, "planners felt such a center was a must. All the issues raised (in the conference) could be focused at the center...a clearinghouse for best self-determination practices...a repository for oral histories. It was also agreed that a research training center that did not include people with disabilities as advisors, staff and interns would be a cruel joke" (Perske, 1989, p. 11).

The importance of such a center has increased in the five years since this recommendation was made. Federally funded projects have developed instructional and assessment materials to promote self-determination, and a research literature base is emerging. However, there is no central point to gather and disseminate these findings and materials. As a result, promising practices come and go and have limited impact, and practitioners remain unaware of existing resources. Such a center would need to go beyond traditional technical support roles to actively include people with disabilities in leadership roles. The center would need the input and support of all stakeholders in the educational process, including family members and educators.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies should support self-determination by (a) removing administrative regulations that unnecessarily restrict opportunities for student choice and control, (b) providing adequate support and training to teachers, and (c) ensuring that forms and formats for planning meetings do not exclude students from participation.

Remove Administrative Regulations Restricting Self-Determination and Provide Training

For self-determination to become an outcome of the educational process for all students, with and without disabilities, it must become part of the larger school reform movement. In his important book. The Predictable Failure of Educational Reform, Dr. Seymour Sarason, emeritus professor of psychology at Yale University, described the typical image of the classroom as "containing an adult who is 'in charge' and pupils who conform to the teacher's rules, regulations and standards. If students think and act in conformity to the teacher's wishes, they will learn what they are supposed to learn" (Sarason, 1990, p. 79). Sarason attributes this situation to "long-standing educational structures, coupled with the need of various groups to defend their self-interest and preserve their power" and predicts that if these issues are not addressed, educational reform will not succeed. These power relationships currently flow hierarchically, from administrators at the top to teachers and finally to students. The control orientation of many teachers reflects an administrator's similarly autocratic orientation. Teachers without control and choice become teachers who, in turn, limit students' control and choice.

A frequent component of school restructuring and reform involves site-based management, where local administrators, usually principals, have greater control over school direction and resource allocation and shoulder more responsibility for student outcomes. It is only when this reform is implemented in conjunction with greater teacher autonomy and choice and, subsequently, increased student involvement and choice, that Sarason believes school reform will be effective. Campus, district, and state administrators should encourage self-determination for students by eliminating unnecessary requirements and empowering teachers and students to become involved in planning and decision making campus- and district-wide.

Structure Planning Meetings to Include Students

It is an unfortunate reality that formats and forms tend to drive practice as much as the policy. It is important that the spirit of self-determination and student involvement not get lost in the day-to-day practice. When creating procedures and forms for use in the educational planning meeting, states and districts should make sure that there is an assumption that students are involved. This may be as simple as making sure that there is a signature line for the student on the Individualized Education Plan form. It may involve making reasonable accommodations for the student to participate in such meetings. Students with cognitive disabilities may need support to understand the purpose of meetings and to contribute in a meaningful manner. Students with communication disorders may require alternative or augmentative communication devices to participate. Procedural guidelines for conducting meetings should emphasize how to include students in a meaningful manner. Other meeting participants should receive the training and support they need to involve students.

These actions will not assure self-determination and student involvement any more than simply putting students in regular classrooms ensures the development of friendships. However, like the latter, proximity is the first step in this process, and if students are not present at meetings, they cannot be involved in their educational planning.

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Citation

Perske, R. (1990). Proceedings from the National Conference on Self-Determination. Minneapolis, MN: Institute on Community Integration, University of Minnesota.

This document reports the outcome of a conference, sponsored by the Office of Special Education and Rehabilitation Services, held to recommend directions OSERS should take in the coming years. Sixty participants, representing people with disabilities, educators, family members, researchers, and policy makers were invited to contribute their unique viewpoints and perspectives. The conference resulted in 29 recommendations for action from the conference participants. The conference provided the impetus for most of the movement in this area over the last five years and, because of its scope, remains an important point of reference for policy and decision making. The proceedings document, available from the University of Minnesota, Institute on Community Integration, contains the 29 recommendations and the text of four keynote addresses.

Key Points

1. People with disabilities have been denied the opportunity to achieve self-determination.

"I became a self-advocate ten years ago. Being a self-advocate is very important to me because my self-advocacy skills taught me how to see myself as a person with confidence and determination. I did not see myself as a person because of all the labels placed on me." (Nancy Ward, p. 14)

"I do not have to tell you what self-determination is all about. You and I both know what self-determination is all about. We learned it the hard way. We live it every day and we are not about to forget what it meant to each of us here today. Nor, what it could mean to our brothers and sisters who are still shunted away on the back wards of institutions, nursing homes, and other human storage bins all across the land.

"Because in the final analysis we are all people first. Isn't this what the Declaration of Independence tells us: that we are all people first and foremost? And, that as such we are endowed with certain inalienable rights and that among these are the right to life, liberty and the pursuit of happiness.

"But, without being afforded the right and opportunity to make choices in our lives, we will never obtain full, first class American citizenship. This is why we are here today: to reassert these fundamental rights and lay claim to them as ours.

"So, we do not have to be told what self-determination means. We already know what it means. We already know that it is just a ten dollar word for choice. That it is another word for freedom. We already know that self-determination is just another word for describing a life filled with rising expectations, dignity, responsibility, and opportunity. That it is just another word for having the chance to live the American Dream." (Robert Williams, p. 16)

2. It will take the combined efforts of people with disabilities, parents and family members, professionals, and policy makers to achieve true self-determination for Americans with disabilities.

"To achieve such a basic change in attitude will take...the effective, long-range influencing of public policy on all levels of government, legislative, executive, and judicial and the action has to come from the persons with disabilities themselves." (Gunnar Dybwad, p. 25)

"We as people with disabilities need to recognize that some of those common interests are shared by professionals, parents and others who do not have disabilities. We need to work with them, not against them." (Frank Bowe, p. 23)

Annotated Literature Abstract

Citation

Abery, B., Dahl, L. A., & Chelberg, G. (1993). IMPACT: Feature Issue on Self-Determination, 6(4), Winter 1993/1994. Minneapolis, MN: Institute on Community Integration, University of Minnesota.

This newsletter provides a comprehensive treatment of self-determination, with people with disabilities, family members, educators, and adult service providers contributing articles and perspectives. The issue "explores the relevance of self-determination for people with developmental disabilities across the lifespan." The issue's stated purpose is to "raise awareness about the need and capacity for self-determination by persons with developmental disabilities, and ways in which others either support or hinder it." The document provides a comprehensive look at a complex issue in straightforward language.

Key Points and Quotes

1. Self-determination is a lifelong outcome.

"Striving to attain self-determination doesn't begin (or end) during adolescence or early adulthood. Rather, it is initiated shortly after birth and continues until we have breathed our last breath." (Brian Abery, p. 2)

"Early intervention professionals have the opportunity to play an important role in facilitating the self-determination of children with disabilities. By supporting families' efforts to encourage children to assume a developmentally appropriate degree of personal control, professionals provide a foundation upon which future skills for independent living and community involvement will be based." (Ann Eggebeen and Annetta Leigh, p. 4)

"Although many skill areas related to self-determination are more applicable to older students or students with mild disabilities, self-determination is not the sole domain of secondary education or students with mild disabilities. Making choices, indicating preferences and developing self-awareness and confidence involve lifelong experiences and instruction, independent of level of disability." (Michael Wehmeyer, p. 7)

2. Self-determination for students with disabilities is achieved by a comprehensive plan of action.

"Ensuring that students with and without disabilities are self-determined will be as complex and difficult a process as comparable efforts to ensure that students with disabilities attain gainful employment or community involvement. It has become increasingly obvious that an educational program that adequately promotes self-determination will not consist of unilateral efforts to only change curriculum, create peer mentor programs or structure environments. Instead, an effective education emphasis will encompass a host of alterations and adaptations as well as parallel emphasis in the student's home and community." (Michael Wehmeyer, p. 6)

"As youth with disabilities prepare for the transition from educational to adult services, they and their family members and advocates will require information regarding the right to access VR services and to participate fully in planning and choosing their vocational direction, VR-sponsored services and supports, and service providers. Training in self-advocacy will be essential for putting that information into action." (Michael West, p. 13)

One outcome of a focus on self-determination is that students are actively involved in all aspects of their educational planning and decision-making process. An example of a best practice leading to this outcome is in place in several school districts in Colorado Springs, Colorado. Teachers in the Academy, Harrison, Lewis-Palmer, and Fountain-Fort Carson School Districts are implementing a self-determination instructional program, called the Self-Directed IEP, that enables students to chair their own IEP meeting.

The Self-Directed IEP (Martin, Marshall, Maxson, & Jerman, 1993) was developed through a demonstration project funded by OSERS' Secondary Education and Transition Services Branch to promote self-determination. These materials include teacher- and student-based procedures that work with adolescents with disabilities to learn the skills they need to chair their IEP meeting.

Students use an 11-step process of skills development, focusing on the following objectives: (1) begin meeting by stating the purpose; (2) introduce everyone; (3) review past goals and performance; (4) ask for others' feedback; (5) state your school and transition goals; (6) ask questions if you don't understand; (7) deal with differences of opinions; (8) state the support you will need; (9) summarize your goals; (10) close meeting by thanking everyone; and (11) work on IEP goals all year.

By working with their teacher, students learn these skills and become effective participants in their own planning meeting. Students have responded to the program, stating, "It's better if I make my own goals, then I understand them," "It's a way for me to share my opinions and thoughts in my meeting," and "It's good to learn to express our own ideas." Teachers have responded equally positively, stating that the process "showed how student directed IEPs can and should be" and calling the process "the greatest confidence builder we can do in class...a fun process too."

The Self-Determination IEP materials were developed specifically for students with mild to moderate learning and behavior problems and have been shown to be effective with students who, in the past, have had considerable difficulty with authority figures and school rules and regulations. This demonstration illustrates that by increasing student choice and self-determination we are not encouraging anarchy but providing a tool for educational success.

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TRANSITION

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Abstract

1. The outcomes to be achieved by transition services are competitive employment in the public or private business sector (i.e., integrated), residential satisfaction, and the formation of desirable social and interpersonal networks.

2. The outcomes of integrated, competitive employment, residential independence, and the formation of social and interpersonal networks have improved marginally over the past ten years.

3. Five categories of transition practices appear to warrant the label "most effective." These practices include (a) student-focused systematic transition planning, (b) family involvement, (c) interagency and interdisciplinary teaming, (d) program structures and attributes (inclusive education and integration), and (e) student development (empowerment).

4. The issues that appear to inhibit practices the most include (a) parent or family resistance, (b) personnel development, and (c) lack of collaboration.

5. The following changes should be enacted by Congress: (a) lowering the age for addressing transition-related services to 14, (b) continuing eligibility for transition services beyond formal graduation, and (c) emphasizing the importance of collaboration and coordination of transition services.

6. (a) OSERS should fund research on solving problems that require multiple disciplines to work together. (b) Further, OSERS should promote the emergence of new personnel who understand the problems faced by adolescents who are not college bound.

7. State and local education agencies should (a) change teacher certification requirements, (b) support new personnel preparation programs to advance necessary changes in the competencies these teachers utilize in nontraditional settings, and (c) establish university-school linkages that result in the necessary research and demonstration activities that support transition outcomes.

1. What outcomes signify successful implementation of the topical issue?

Concerned for the uncertain future that youths with disabilities faced, Congress in 1986 passed the Education of the Handicapped Act Amendments (P.L. 98-199) to strengthen and coordinate education, training, and related services to assist youths with disabilities make the "transition" from school to employment, independent living, and post-secondary education. It was not until 1990, however, that Congress mandated provisions for transition services for youths with disabilities in special education (P.L. 101-476). IDEA requires that a statement of transition services be contained in each student's Individualized Education Plan by age 16, and where appropriate, by age 14.

Transition services are defined as "...a coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and/or community participation" (20 U.S.C. 1401 (a) (19)).

The outcomes to be achieved by transition services are competitive employment in the public or private business sector (i.e., integrated), residential satisfaction, and the formation of desirable social and interpersonal networks.

Although there is now greater understanding of the post-high school outcomes of youths with disability and legislation has been introduced to "strengthen and coordinate" education and training to assist these students, little progress has been made in improving their prospects for molding careers of personal choice. Ten years ago, Will (1985) and Halpern (1985) introduced new, nontraditional outcomes with which to evaluate education. In essence, they proposed that schools should be responsible for providing transition services that result in employment, residential adjustment, and the establishment of desirable social and interpersonal networks.

2. To what extent have these outcomes been achieved in the last five years?

The outcomes of integrated, competitive employment, residential independence, and the formation of social and interpersonal networks have improved marginally over the past ten years. Wagner et al. (1992) reported that less than half of all youths with disabilities (46 percent) were competitively employed two years after leaving high school and that almost 70 percent of all youths with disabilities were living at home with their parents within this same time period. Acknowledging that a youth's high school experience is one of the cornerstones to assuring his or her success throughout life, the failure to provide an effective high school experience (i.e., transition services) results in personal shortcomings, including one's failure to attain additional education and training to help mold a career of personal choice. Today, the majority of America's youths with disabilities are not employed, are not living on their own, do not take advantage of their communities, and are not satisfied with their lives (Lichtenstein, 1993; Sitlington, Frank, & Carson, 1992).

Employment figures for youths with disabilities lag behind their peers without disabilities, without exception. Fifty-seven percent (57 percent) of youths with disabilities are employed at some point three to five years after they leave high school, compared to 70 percent of the general population. Not surprisingly, the majority of those youths with disabilities who become employed are young people with learning disabilities (70.8 percent) and speech impairments (65.4 percent). Employment among youths who are deaf, hard of hearing, or blind actually *decreases.* There also are major gender differences; males account for 64 percent of those employed, while females account for 40 percent. Also not surprisingly, youths who graduate from high school are employed at higher levels than those who drop out (47.1 percent) or who age out (37.1 percent). Incredibly, 20 percent of this entire population is never employed, another 20 percent is unemployed and looking for a job, 6 percent enters sheltered employment, and 14 percent is employed part-time. Forty-three percent is employed full time, with the majority earning less than $6 per hour (60 percent).

Not surprisingly, only one in 10 youths with disabilities lives independently two years after exiting high school; this figure increases to almost four in 10 three to five years after leaving school (37.4 percent). In relation to the residential independence of out-of-school youths with disabilities, approximately 60 percent of general population youths live independently three years after leaving school (60.4 percent).

After departing high school, all youths establish patterns of community involvement that result in their assuming different levels of responsibility, including finding a mate and parenting. Females with (30.4 percent) and without (37.7 percent) disabilities are married at higher percentages than men with (14.8 percent) and without (21.7 percent) disabilities. Wagner, et al. (1992) has indicated that a much higher percentage of females with disabilities are becoming parents within five years of leaving high school (40.6 percent) versus young women without disabilities (27.8 percent).

Unfortunately, the arrest rate among youths with disabilities increases as this population gets older. Wagner, et al. (1992) reported that almost 30 percent of all youths with disabilities are arrested three to five years out of school, with over 50 percent of youths with emotional disturbances accounting for these arrest statistics (57.6 percent).

3. What educational models/procedures are most effective for achieving these outcomes?

In a series of investigations, the Transition Research Institute at Illinois has identified studies for which evidence is available to support the claim that the practices they describe are effective (Chadsey-Rusch & Rusch, in press; Kohler, in preparation, 1993; Kohler, DeStefano, Wermuth, Grayson, & McGinty, in press; Rusch, Kohler, & Hughes, 1992). Based on an analysis of more than 60 studies contributed by researchers in career, vocational, special, and rehabilitation education and the Institute's own research (Kohler, in preparation), five categories of transition practices appear to warrant the label "most effective." These practices include student-focused systematic transition planning, family involvement, interagency and interdisciplinary teaming and collaboration, program structure and attributes (inclusive education and integration), and student development (empowerment).

Student-Focused Systematic Transition Planning

Post-school outcomes will vary by students, but typical areas addressed in the transition plan include employment, residential, and social and interpersonal relations. In addition, medical, recreation and leisure, mobility, community access, and overall well-being are being addressed. Planning should determine the outcomes desired by the student (with family input), and a plan should be formulated to achieve those outcomes. Students must be provided an opportunity to assert and advocate for themselves, make their needs known, self-evaluate progress toward meeting their goals, and solve problems.

Family Involvement in Planning, Education, and Service Delivery

Families need help in identifying programs that will meet the needs and interests of their sons and daughters. Specifically, they need information about and access to the adult-service system as well as other post-school options. They also need to be empowered to make decisions that enable them to facilitate their children's attainment of self-selected and valued outcomes after high school.

Interagency and Interdisciplinary Teaming, Collaboration, and Service Delivery

Since so many different people and agencies are often involved in facilitating the transition process, teaming and collaboration among the participants are critical. This includes interagency cooperation among state and local agencies. When personnel from different professions, advocacy groups, and agencies are collaborating in using a student- and family-centered approach, the result should be reduction of duplicative services, elimination of turf issues, and delivery of services that ensure desired outcomes. In addition to the student and family and educational personnel, the team also should include individuals associated with vocational and rehabilitation, educators, employers, post-secondary representatives, friends, peers, and advocates.

Program Structure and Attributes (Inclusive Education and Integration)

Practices that should be considered under this category include providing services within inclusive and integrated settings. Further, high schools should collect student follow-up data on which to base restructuring of existing practices to promote valued outcomes for all students.

Student Development (Empowerment)

A critical component of the transition process involves teaching students skills and strategies that will enable them to reach their goals. Research conducted by Kohler (in preparation) identified six student development categories, including (1) assessment, (2) accommodation and support, (3) career and vocational curricula, (4) work experience, (5) employment skills training, and (6) life skills training.

4. What educational models/procedures most inhibit these outcomes?

Interestingly, practices that appear to inhibit student outcomes have centered around the various people involved (primarily professionals), with the exception of the students themselves. This finding is particularly important since results of recent research suggest that employment failure is attributed to student ability (Heal, Copher, DeStefano, & Rusch, 1989). The issues that appear to inhibit practices the most include (a) parent or family resistance, (b) personnel development, and (c) lack of collaboration. In terms of personnel preparation, individuals involved with transition appear to have very different conceptions about providing transition services, which interact negatively with overall interagency collaboration.

Parent or Family Resistance

Adolescent transition is a period marked by several events, including the need for adolescents to begin to separate from their parents as they prepare for young adulthood. The period that defines "adolescent transition" often is debated, but it almost always starts by age 14 and concludes no later than 22. Parents and family always influence this transition, and their influence will affect how successfully their son or daughter makes the transition from adolescent to young adult. Young people make very important decisions during this period in their lives, including whether to remain in school. The importance of providing a relevant program of study for adolescents in an effort to delay their separating from schools prematurely cannot be overstated.

Personnel Development

The expertise of personnel in relation to the unique needs of youths with disabilities is crucial to the success experienced by these youths. However, there exists no single training approach or discipline that can provide the needed personnel. Educators typically graduate with disciplinary emphases that are fairly narrow in focus (e.g., math, English, and science) and even narrower in application (i.e., to college-bound students). The diverse needs of adolescents with disabilities require personnel who can establish important and useful interdisciplinary teams that design multifaceted educational programs.

Interagency Collaboration/Cooperation

IDEA requires interagency collaboration in planning transition services in conjunction with individualized education program development. No single agency or discipline can provide all services needed by youths with disabilities. However, the provision of these services is a critical need for effective programs. For example, high schools are not structured to provide services before 9:00 a.m. or after 3:00 p.m., Monday through Friday, although a great number of work experiences require students to work outside the typical school day. Consequently, schools need to work with agencies that provide for these experiences (collaboration) and with a team of service providers who are well equipped to meet nontraditional outcomes (cooperation).

5. Provide two or three specific recommendations for action by Congress.

Briefly, Congress should (a) lower the age for addressing transition-related services to 14, (b) continue eligibility for transition services beyond formal graduation, and (c) emphasize the importance of collaboration and coordination of transition services.

The current mandatory age of 16 for addressing transition needs of individuals with disabilities allows too many students with disabilities under the age of 16 to drop out of school before appropriate services are provided. Accordingly, Congress should amend IDEA to require transition services at age 14 and to permit them to be provided at an earlier age if appropriate.

Many students with disabilities are graduating from high school prior to the upper age limit (typically 21) without receiving critical transition experiences and services necessary for success in adult life. Once students graduate, many school districts no longer are compelled to provide transition services, regardless of students' identified transition needs.

Accordingly, Congress should amend IDEA to permit students with disabilities to continue to be eligible for a free appropriate public education if they are within the age range for services within the state, regardless of whether they have received a high school diploma.

Explicit language that strengthens collaborative and coordinated efforts between state agencies (e.g., educational and vocational rehabilitation agencies) in the provision of appropriate transition services is lacking in the current IDEA. Accordingly, Congress should amend IDEA to require collaboration and coordination of transition services and to require state and local educational agencies to describe the responsibilities that agencies have listed in 34 C.F.R. Section 300.152 in providing or paying for services, including transitioning students required under Section 300.346 and including a schedule for payment of those services under Section 300.346.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS should continue to fund existing and emerging priorities, but interdisciplinary activities should be required across each of the major divisions of the Office of Special Education Programs, the National Institute on Disability and

Rehabilitation Research, and the Rehabilitation Services Administration. OSERS should fund research on solving problems that require multiple disciplines to work together. Further, OSERS should promote the emergence of new personnel who understand the problems faced by adolescents who are not college bound. Finally, OSERS should reorganize all of its activities to promote in a consolidated manner the education of children, youth, and young adults and should eliminate the current fragmented transition programs they obtain through current discretionary programs.

Require Interdisciplinary Research and Demonstration

OSERS should make demonstration awards based upon interdisciplinary solutions that include family involvement, interagency collaboration and teaming, inclusive education, service provision in integrated settings, and student development (empowerment). Additionally, OSERS should regionalize its technical assistance and dissemination efforts and require each region to assist in the establishment of interdisciplinary technical assistance and dissemination centers that combine the efforts of vocational and rehabilitation education, special education, labor and business, and related and needed disciplinary affiliations.

Investigate School-to-Work Model

Affleck, Edgar, Levine, and Kortering (1990) have demonstrated the need for a curriculum that teaches critical life skills, including finding a job, staying employed, taking care of one's personal needs, and getting along with others. Mithaug, Martin, and Agran (1987) also have stressed the importance of teaching students to be adaptive and flexible. Acquisition of these skills, however, does not necessarily have to occur in the classroom. Hamilton (1986) proposed that secondary education in the United States consider restructuring schooling experiences to resemble those utilized in West Germany. If the West German educational system were adopted for students in secondary special education, the principal learning environment would be the workplace and larger community; however, the school setting would not be abandoned altogether. Students would work within an apprenticeship-type system, attending high school classes on a limited, yet complementary basis. More traditional academic subjects (e.g., mathematics) as well as other subjects (e.g., social skills) would be introduced in relation to assigned apprenticeships in high schools. Educational experiences of this type would provide a clearer connection between what the students are learning in the classroom and their real worlds.

With emerging interest in "school-to-work" experiences, including apprenticeships, infusion of academic curricula in the classroom, and related practices, a need exists to better understand variations of these models as they are applied to youths with and without disabilities. Future research should consider large-scale investigations of these practices applied to a national sample of youths attending high schools.

Require Interdisciplinary Training

Restructuring high school experiences will require the roles of regular and secondary special education teachers to change. Although educators might teach some traditional academic subjects in high school, these academic subjects need to relate to students' apprenticeships and everyday community life. Teachers also would need to be knowledgeable about new subject areas, including economics, the business sector, and adult-service agencies, to forge transition linkages for their students. It also is likely that teachers would require effective consultation skills so they could advise businesses and agencies about effective transition strategies and potential curricular modifications that might be needed in work and community environments to enhance successful transitions.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies should change teacher certification requirements, support new personnel preparation programs to advance necessary changes in the competencies these teachers utilize in nontraditional settings, and establish university-school research and demonstration activities that support competitive employment in the public or private business sector (i.e., integrated), residential satisfaction, and the formation of desirable social and interpersonal networks.

Change Teacher Certification Requirements

State certification requirements and associated personnel preparation programs must focus on competencies necessary to promote (a) increased collaboration among special education, regular education, bilingual education, migrant education, vocational education, and public and private agencies and institutions; (b) improved coordination of services among health and social services agencies and within communities regarding services for youths with disabilities and their families; (c) increased systematic family involvement in the education of their children with disabilities; and (d) inclusion of youths with disabilities in all aspects of education and society.

Support New Personnel Preparation Programs

State education agencies must begin to work with colleges of education to identify emerging areas into which faculty should be recruited. Annually, colleges of education fill openings with faculty at all levels (assistant to full professors) to teach courses and conduct research that will benefit education, including special education. Funding for faculty positions should be linked to the emerging needs of state and local/regional education, rehabilitation, and related agencies.

Establish University-School Research and Demonstration Linkages

The relationships between colleges of education and state, regional, and local educational communities should be collaborative. Future grant awards should be based on the research community's willingness to establish a link between an identified educational constituency and the research, dissemination, and utilization functions. Universities should be funded to engage in research that directly benefits students. Too often, social science knowledge is based on findings that emanate from contrived situations that bear little or no resemblance to everyday circumstances in the classroom. Educators' abilities to transmit useful knowledge to students with disabilities depend on researchers' abilities to conduct useful research and to explore new and better ways to capture the interest of teachers.

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Annotated Literature Abstract

Citation

Fulton, S. A., & Sabornie, E. J. (1994). Evidence of employment inequality among females with disabilities. Journal of Special Education, 28(2), 149-165.

Abstract

Women consistently earn less than men. This holds true for individuals with and without disabilities. Women with disabilities, however, have more negative employment experiences than do men with disabilities. This article explores the less than desirable conditions that women with disabilities face in employment. The authors suggest that women with disabilities are dually disadvantaged in employment when gender interacts with disability.

Key Points and Quotes

1. There are significant factors affecting employment outcomes between men with disabilities and women with disabilities.

"Perhaps the greatest contribution of Wagner's (1992) work is her examination of why gender equality exists in employment of youth with disabilities. Tentative reasons for the less-than-favorable status of women with disabilities in employment can be found in male versus female differences in (a) functioning level, (b) secondary school experiences and training, and (c) marriage and parenting....[W]omen were significantly more likely to originate from minority backgrounds in comparison to men with disabilities, and this demographic characteristic is also related to lower employment rates....Whereas men and women were reasonably similar in terms of time spent in general education classes (53 percent vs. 50 percent of the school day, respectively), young women were less likely than men to receive 'occupationally-specific vocational training'....Except for those identified as multiply disabled, women of all other disability types were more likely to be married than male cohorts with the same disability....Parenthood was also more common among women than men with disabilities (41 percent vs. 16 percent, respectively)." (p. 162)

2. Both gender and disability are important factors in evaluating employment outcomes for women with disabilities.

"Further inquiry should be made concerning differences and similarities of employment outcomes for women with and without disabilities. Asch and Fine (1988) have suggested that because women with disabilities are just as likely to be affected by gender as by disability, they should focus on their commonalties with all women to end discrimination and enjoy comparable worth. Women with disabilities could learn much from their nondisabled, high-achieving, same gender peers, as well as from other women with disabilities who are now successful adults (Gerber, Ginsberg, & Reiff, 1992). Perhaps career development and vocational rehabilitation for women with disabilities should be supplemented by interaction with women in high-status jobs who could serve as role models, as well as assertiveness training courses to prepare women with disabilities for issues they will face in later life. Potential employers of women with disabilities should also be sensitized against further perpetuation of the gender earnings gap and other discriminatory practices." (p. 163)

Annotated Literature Abstract

Citation

Benz, M. R. & Halpern, A. S. (1993). Vocational and transition services needed and received by students with disabilities during their last year of high school. Career Development for Exceptional Individuals, 16(2), 197-211.

Abstract

This paper describes the vocational programs and transition planning services needed and received by students with disabilities during their last year of high school. It provides data on the basic vocational skills that are achieved by students at the time of leaving school, thus provoking a context for interpreting the findings on services needed and received.

Key Points and Quotes

1. Important transition needs in the areas of remedial academics, social skills, vocational training, post-secondary education, and independent living skills are not uniformly and/or adequately addressed during the transition planning process.

"Simply identifying a transition need does not automatically result in addressing that need during the transition planning process. Between 25 percent and 50 percent of all identified needs were, in fact, not addressed at all during the transition planning process. Across all students, the two planning areas in which about half of students' needs remained unmet were the remedial academics and social skills areas. About a third of all identified needs remained unmet in three more areas: vocational training, post-secondary education, and independent living skills." (p. 205)

2. Some disability groups are at a more serious disadvantage than others upon leaving school because of discrepancies that occur during the transition process while they are in school.

"...the disadvantaged situations that certain subgroups of young adults with disabilities find themselves in after leaving school may have their roots in the discrepancies that occur in high school between the vocational and transition services they reportedly need and actually receive. Those most disadvantaged appear to be females in general, and students with so-called 'mild' disabilities (learning disabilities, emotional disabilities, and mild mental retardation). Since these groups comprise between 80 percent and 90 percent of all high school students with disabilities, it is particularly troublesome to realize that this vast majority is most disadvantaged." (p. 209)

Model Profile

The overarching mission of the Career Ladder Program (CLP), a school-to-work transition program, is that services be shaped by the needs of the youths who are served.

CLP first was implemented in San Francisco (1985-1990) as an OSERS model demonstration project. During the initial funding period, CLP was successful in developing and implementing a model that included the following components: pretransitional, career education in-service for teaching staff; a community vocational training and placement component; a social skills training component; a career counseling component; a follow-along monitoring service; and an interagency component. The ultimate evidence of its success was the continuation of the model in San Francisco with the new name Transition Opportunity Program, a school/rehabilitation partnership funded at about $600,000 annually.

In its final report (1990), CLP program staff stated:

> "Principles which underlie the success of the CLP became more evident over time, and the model can now be simplified and successfully replicated with varying degrees of fidelity to the model. In other words, we believe the success can be achieved in other communities without precisely replicating the model, so long as the underlying principles are embedded in the replicated model."

In 1991, fulfilling this prophecy, CLP staff won additional OSERS funding through the Multi-District Outreach priority to outreach "proven models" or components of models to other districts and states. The success of the CLP has been demonstrated once again in the three years of outreach and replication activities.

The goals and objectives of outreach of CLP were to:

- provide training in the CLP model to employers, families, school and rehabilitation-based personnel;
- facilitate agreements that put locally owned versions of the CLP model into operation;
- adapt the CLP model to the various local situations in the hosting entity; and
- provide ongoing consultation as replications are put into place.

In school districts in Delaware, North Carolina, Virginia, and Kansas and in 18 school districts in California and Washington, employers, educators, and adult-service providers are turning to the CLP model as a means to improve the effectiveness and the cost-effectiveness of their school-to-work transition programs. The CLP has made successful replications of the first two of its three components in over 17 school districts in the almost three years of activities, and the initiation of such efforts in at least seven more. This is no small feat as a replication requires that a school district reassign personnel to work in the community with special education students and also to adopt its curriculum. CLP training always requires a team: vocational and special education, administration and teachers, parents, adult-service agencies, and employers. By insisting on having the consumers put such a team together, the probability of moving from training to action is increased.

Since every school district has its own culture and approach to change, CLP trainers have worked hard to refine the two-day training that has become the CLP centerpiece and to convey the principles of the program, so that districts in replication can adapt it to their special circumstances and have full ownership of the results. For example, in the Seattle School District, CLP is embedded in the Belief Academy, a program for inner-city youths with learning and emotional disabilities. In Renton, Washington, it is folded into their existing Food Services Program. In Berkeley, California, the Employment Skills Workshop has been blended with an ethnic studies program, and it and the San Francisco program have experimented with service to younger students. In Delaware, CLP will be involved in a plan to set up a series of regional transition centers around the state, whose purpose will be to deliver CLP-style adult services. One of the greatest achievements is that in at least four of six districts replicating the model in Washington, the program is a vocational education program that serves special-needs students, as opposed to the more segregated approach of it being a special education "owned and operated" program.

The most challenging aspect of the CLP model is the ongoing availability of transition services, connecting activities that help students succeed and avoid "falling into the cracks" as they exit high school. Although these connecting activities are mandated by the School to Work Opportunities Act, few examples exist of how they might work. The original CLP in San Francisco demonstrated how this could be done, and subsequent research showed a 92 percent success rate (working, in college, or some combination of the two) for 127 youths served by that program.

CLP staff believe that they can best teach this aspect of the model by example, and so a subcontract with Eastside Employment Services has given CLP an opportunity to make that demonstration in six Washington school districts. This effort will be supplemented if a new proposal recently made to the state is funded. Through this effort, CLP hopes to set in motion a demonstration effort of how school-to-work transition services can successfully span the school and adult (post-high school graduation) environments. By increasing the current subcontract with Eastside Employment Services, students from four school districts in Washington (Bellevue, Lake Washington, Renton, and Highline) will be served and the groundwork laid for a reform of how professionals "usher" students from school into a productive adult life. If successful in attracting more funding, Seattle and Northshore School Districts also will be included. This final activity of the outreach grant may, in fact, be the most important one.

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SUPPORTED EMPLOYMENT

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Abstract

1. Supported employment involves competitive work in integrated work settings for individuals with the most significant disabilities and makes available ongoing support services, at and/or away from the work site, needed for the supported employee to successfully maintain employment.

2. Substantial national growth in supported employment participation began in 1988-1989, following the establishment of a national supported employment formula grant program through the Rehabilitation Act Amendments of 1986 and the funding of numerous state systems development federal grants. Supported employment outcomes in recent years reflect continued growth in participation. However, for a variety of reasons many individuals with significant disabilities, including young adults who recently completed their secondary level program, have yet to enter supported employment and remain unemployed or underemployed in nonintegrated work or activity centers.

3. The educational procedures that most assist students to achieve employment outcomes emphasize (a) functional skills and experiences directly related to the competitive labor market and (b) frequent interaction with nondisabled peers, coworkers, supervisors, and others. Examples of these educational procedures include (a) functional curricula, (b) integrated school environments, and (c) community-based work instruction and work experience.

4. Educational practices that inhibit employment outcomes are those that involve (a) limited access to paid work experiences in competitive job settings, (b) isolation from people and events in the community, limited information about community resources, and (c) ineffective service and support systems.

5. Congress should assure better employment outcomes by (a) establishing a formula grant category within the legislation specific to services and supports that achieve work outcomes for secondary level students, (b) formalizing the transition plan process, (c) emphasizing with greater specificity in legislative language the importance of community-based work experience before the student exits school,

and (d) providing students with disabilities in special education more credible diploma options.

6. OSERS should (a) fund research and demonstration to expand both the body of knowledge and national awareness regarding the critical importance of work experience while in school and of employment-focused transition efforts, (b) fund preservice and in-service training and technical assistance focused on increasing the understanding and competency of educators in effectively integrating practices built on the "presumption of ability" around employment in the community into the education of students, and (c) strengthen its monitoring responsibilities regarding the clearly stated goals and content of IDEA.

7. State and local education agencies should (a) encourage the demonstration and implementation of educational programming that generate employment outcomes and (b) use preservice, in-service, and technical assistance resources to build awareness and skills.

1. What outcomes signify successful implementation of the topical issue?

Participating in paid employment is a primary opportunity desired for working age individuals in the United States. The potential of work to contribute substantially to quality of life is the same for individuals with a disability as it is for those who do not have disabilities. The consistent theme of IDEA, ADA, and the Rehabilitation Act Amendments of 1992 is that people with disabilities should have access to the services and supports needed for them to achieve the same outcomes expected by individuals without disabilities. However, numerous post-age 21 outcome studies have shown repeatedly that many young adults with disabilities are not obtaining good quality employment with decent pay and benefits (Peraino, 1992). By most accounts, over 50 percent of young adults with disabilities are unemployed when they leave school, with the unemployment rate being much higher for those with severe disabilities (Wehman, 1992b).

Are these high unemployment levels reflective of limited work potential for persons with disabilities, or do they reflect the all too frequent ineffectiveness of secondary level education services, transition programs, and adult services in assisting young adults with disabilities to consistently become employed? The answer is clearly the latter. There are ample demonstrations of the ability of persons with disabilities, including those with significant disabilities, to work productively when provided with appropriate services and supports (Wehman & Kregel, 1994b). Supported employment offers supports to the individual with a disability, and also employers and coworkers, the community, and workplace critical to employment success (Wehman & Kregel, 1994b).

Supported employment as defined in the Rehabilitation Act Amendments of 1992:

* involves competitive work in integrated work settings for individuals with the most significant disabilities,
* targets individuals for whom competitive employment has not traditionally occurred or has been interrupted or intermittent because of significant disability, and
* makes available ongoing support services at and/or away from the work site as needed for the supported employee to successfully maintain employment.

Successful implementation of supported employment requires attention to a number of factors. It begins with a clear focus on **employment in community integrated settings** and the specific skills and work behaviors needed to be successful in a particular job. It is **not** readiness training in classrooms or work centers where training is intended to develop generalized skills for use in a job sometime in the future. Supported employment focuses on wages, working conditions, job security, and job mobility. It values **full participation of persons with significant disabilities** in the community and assumes that each individual has the capacity to work if **appropriate and individualized ongoing supports** are made available. It utilizes rehabilitation technology, the resources of the employer, family and community networks, and the experience of a job coach as some of the many ways to provide supports (Parent, Gibson, Unger, & Clements, 1994). Supported employment creates opportunities for **social integration** and redirects the image of an individual with a disability away from a focus on dependency. The supported employee and persons without disabilities learn about each other as coworkers who work and possibly recreate together.

Supported employment is closely related to IDEA because it is an outcome specified under the transition provisions and because it offers an option to fulfill the promise of an IDEA-supported education whose benefits help prepare youth with disabilities to live and work in the community. The philosophy and strategies of supported employment are consistent with the redirection of special education practices to use of functional curricula, community-based work experiences, and full integration of students with disabilities in integrated learning settings. Supported employment offers a real opportunity for the education of young people with disabilities to lead to employment outcomes in the adult community.

2. To what extent have these outcomes been achieved in the last five years?

Over the past decade, the use of supported employment nationally grew steadily as increasing numbers of persons with significant disabilities obtained work in the competitive labor market for the first time. The formal national supported employment initiative began with passage of the Rehabilitation Act Amendments of 1986, which established a formula grant program to all states for supported employment services through the vocational rehabilitation system. Since in the mid-1980s, the federal Rehabilitation Services Administration (RSA) has provided discretionary grant funds to states to develop supported employment systems through a series of three- and five-year grants. Substantial national growth in supported employment participation began in 1988-1989 (Wehman, 1992a).

The national supported employment initiative continues to achieve notable positive outcomes, but it also faces critical challenges. In terms of achievements, the report on a survey of a random sample of adult day programs estimated that 300,000 people with disabilities were participating in some type of integrated employment (McGaughey, Kiernan, McNally, Gilmore, & Keith, 1994). The results of a 50-state survey of vocational rehabilitation agencies describe the outcomes of the national supported employment initiative through Fiscal Year (FY) 1991 (Revell, Wehman, Kregel, West, & Rayfield, 1994). A total of 42 state systems participated in the survey and reported a total 74,960 supported employment participants in FY 1991, a 21.06 percent growth rate for these states from their FY 1990 participant level. The estimated total number of supported employment participants nationally for FY 1991 was approximately 90,000, calculated by applying this 21 percent growth to the 50-state FY 1990 total. Persons with the primary disability classification of mental retardation accounted for 62.8 percent of all supported employment participants; 30.4 percent of these individuals had moderate mental retardation and 8.7 percent had severe or profound mental retardation. Persons with a primary disability classification of mental illness accounted for 22.2 percent of the supported employment participants. The supported employees earned a weighted mean hourly wage of $4.45 and a mean weekly wage of $111.14. Vocational rehabilitation agencies expended a reported $74.8 million on supported employment; $160.1 million in non-VR funds were expended also for these services. Despite severe economic recession in many parts of the United States at the time, the FY 1991 supported employment outcomes reflect continued growth as compared to reports for previous years (West, Revell, & Wehman, 1992).

Despite its achievements, supported employment faces important challenges (Wehman & Kregel, 1994a). Many individuals with the most significant disabilities have yet to enter the program and remain unemployed or underemployed. Even with recent advances in support technologies such as natural supports and assistive technology, some supported employment participants are concerned about low wages and lack of career choices (West & Parent, 1992) and employment retention (Shafer, Banks, & Kregel, 1991). Also, relatively few resources previously spent to support sheltered workshops have been reallocated to supported employment programs. Fewer than 10 percent of all adult day programs actually have reduced the size of their segregated programs and reallocated those resources toward integrated, supported employment options (McGaughey, Kiernan, McNally, & Gillmore, 1993; Revell et al., 1994).

Even with these challenges, ample demonstrations and examples exist of individuals with the most significant disabilities working productively in the competitive United States labor market as valued employees with the assistance of needed supports provided through supported employment. Supported employment continues to offer a support philosophy and service technology critical to the success of persons with the most significant disabilities in achieving employment outcomes.

3. What educational models/procedures are most effective for achieving these outcomes?

The purpose of IDEA, in part, is to provide equal educational opportunity for all students to achieve high educational and occupational skill standards and to succeed in the world of employment and civic participation. Accordingly, the educational models/procedures used to assist these students must emphasize (a) functional skills and experiences directly related to the competitive labor market and (b) interaction with nondisabled individuals as peers, coworkers, supervisors, and recipients of the goods or services produced by individuals with disabilities. Participation in education programs utilizing functional curricula, integrated school environments, and community-based experiences best position many of these students to benefit from a supported employment approach in securing a job.

Functional curricula: A major purpose of the School-to-Work Opportunities Act of 1994 is to offer opportunities for all students to participate in performance-based education and training programs that, in part, will enable students to earn usable credentials and prepare the students for their first jobs (National Transition Network, 1994). The Act emphasizes school-based learning that combines academic and occupational instruction. A functional curriculum approach fosters instruction in developing needed skills and experiences and is based on objectives drawn from career exploration and individual assessment. It emphasizes the most important activities that the student will need to perform independently, or with supports, in vocational, residential, and community environments. Selecting the most necessary skills in which an individual student needs instruction involves the student, teacher, and others who either know the student well or know well the environments in which the student most likely will participate after leaving school. Continued use of an individualized functional curriculum approach provides the opportunity for the student to make incremental improvements in job-related skill areas, mobility in the community, and the ability to interact appropriately in a variety of circumstances with the nondisabled public and with nondisabled coworkers.

Integrated school environments: The degree of routine interaction with nondisabled individuals experienced by students with a disability directly affects their long-range outcomes in living and working in the community. Long-term experience in integrated schools shows these students how to be more competent in the community environment and how to manage effectively a variety of interactions with nondisabled individuals. Use of integrated school environments involves experiences both within the school building itself and also within the community. As much as possible, classroom and related training must take place in integrated situations, as compared to segregated or set-apart classrooms or buildings, for the full range of students with a disability. Effective vocational preparation also includes regular exposure to natural work settings through training and working in real jobs in the community. Increasing evidence from researchers and educators suggests students who exit from integrated school experiences are more likely to succeed in jobs and perform competently in the community.

Community-based work experiences: The School-to-Work Opportunities Act also emphasizes work-based learning: the value of the job site and work experience are key resources in the educational process. Participation in community-based instruction helps the student with a disability to build work and work-related skills and to explore a variety of work settings as a tool in career awareness and exploration. Community-based work experiences can involve unpaid activities in a variety of job areas. This type of training can take the form of vocational exploration, vocational assessment, or vocational training, consistent with the Fair Labor Standards Act and guidelines published by the U.S. Departments of Labor and Education (Dymond, 1994). It also can include a variety of paid activities, including work experience and on-the-job training (National Transition Network, 1994). The Bridges Model, developed by the Marriott Corporation and the Virginia Commonwealth University Rehabilitation Research and Training Center, is an excellent example of a formal community-based work experience program where students are placed in four-to six-month paid internships in positions matched to their interests and skills (Inge, 1991). The range of community-based options available serves the common purpose of providing the student with a disability exposure to real work settings and experience in interacting with a variety of people and situations.

These three education procedures effectively assist students with disabilities prepare for employment in the community, where necessary with the use of supports and services drawn from a supported employment approach. These procedures are consistent with the principles and content of IDEA, such as functional assessment of a student's needs and interests leading to instruction directed to individualized employment and other post-school adult living objectives. The reauthorized IDEA must continue emphasizing both full inclusion of students with disabilities in integrated school and community environments and outcome-oriented functional education experiences.

4. What educational models/procedures most inhibit these outcomes?

The employment-related educational outcome being sought for all students with a disability is the opportunity to live and work in the community as adults in a manner defined by their abilities and interests, not their disabilities. The models that encourage this outcome emphasize functional instruction and community experiences characterized by interaction with people who do not have disabilities.

In comparison, the educational procedures and models that inhibit these outcomes involve limited access to paid work experiences in competitive job settings, isolation from people and events in the community, limited information about community resources, and ineffective service and support systems. These are practices that defy common sense. As a teacher of a young student with multiple and significant disabilities noted, "The children Jake goes to school with will be the adults he lives with in the community, and they better get to know one another now" (Jorgensen, 1992). In the employment framework, the most damaging educational models and procedures are those that inhibit the opportunity for students "to get to know" themselves, their peers, and their community.

Limited experience in integrated educational programming, both within the school itself and also through use of the community, directly and adversely impacts a student's ability to learn a variety of key life-skill competencies. Clearly, the lack of paid work experiences while in school has negative impact on successful employment for individuals with disabilities after they leave school. Peraino (1992) describes a variety of studies on predictors of employment outcomes for students with disabilities. Students with mental retardation who had work-study experiences while in school had a significantly higher level of vocational adjustment than students who took regular academic programs not involving work experience (Brolin, Durand, Kromer, & Muller, 1989). Similarly, students with mental retardation who had paid work experiences while in school had better employment outcomes than those who did not have paid experiences (Hasazi et al., 1985). For students with learning disabilities, a significant relationship exists between having a summer job while in secondary school and obtaining post-secondary employment: Approximately 85 percent of the students who held summer jobs in high school were employed as compared to 55 percent who did not have summer jobs (Scuccimarra & Speece, 1990). There is a growing body of research evidence that positively relates the absence of work experience while in school with higher levels of unemployment as a young adult for certain individuals with a disability.

For secondary level students with significant and frequently multiple disabling conditions, educational programming promoting integrated experiences serves as the gateway to life in the community. Consider Bobby, a 21-year-old assessed to have severe mental retardation with a secondary diagnosis of autism (Inge & Wehman, 1993). He had a long history of challenging behaviors, including running away from teachers and physical aggression with self-stimulation, and he rarely interacted with others appropriately. He lived at home in a struggling family situation and, due to his many behavior problems, the local respite care program he used on weekends had recently discontinued services. Bobby received his education in a segregated school program for individuals with significant disabilities, and he was referred for community-based instruction through the Vocational Options Project, a federal grant-funded program operated by the Rehabilitation Research and Training Center on Supported Employment at Virginia Commonwealth University. His first community placement was at a hotel folding laundry and cleaning a small vending machine area for two hours a day, four days a week. After five days, he was on-task only 5 percent of his training session, and he had shown a number of problem behaviors not acceptable to a job site.

From this starting point, a series of adjustments were made to his program, mixing use of the familiar school environment with his increasingly greater participation in a variety of community-based activities involving work, shopping, going to fast-food restaurants, and using the post office. At the end of a six-week period, Bobby was able to remain with the trainer in a community setting for up to 30-45 minutes, participate in a variety of activities, and not engage in challenging behaviors. Some of these activities included waiting in a grocery line and paying for items purchased, crossing a street safely, posting a letter, and sitting quietly in a fast-food restaurant. After about five months of community-based instruction at a variety of job sites, Bobby was able to successfully complete a two-hour work period with remarkably reduced off-task behaviors in a competitive, integrated work setting doing tasks such as emptying boxes of clothes, putting clothes on hangers, and removing plastic bags from clothes. Over a five-month period, community-based instruction assisted Bobby in making significant improvements in his ability to benefit from and participate in the community. He is now positioned to make continued improvements in his community adjustment.

The reauthorized IDEA will fail to meet its core responsibility if it allows students like Bobby to receive within the school and within the community, educational services that segregate them from people who are not disabled. IDEA must assure that students like Bobby routinely receive instruction and support on how to live and work in the community and are given proactive access to information and services that help foster positive community-oriented outcomes.

5. *Provide two or three specific recommendations for action by Congress.*

To strengthen IDEA as it relates to work-related secondary and transition activities, Congress should (a) establish a formula grant category specific to services and supports that achieve work outcomes for secondary students, (b) formalize the transition plan process, (c) emphasize with greater specificity the importance of community-based work experience before the student exits school, and (d) provide students more credible diploma options.

Research now shows, in a compelling fashion, that paid employment experiences during school are a critically important predictor of employment success once students leave school. Paid work experiences will also help make school more relevant to many youth with disabilities and help reduce dropout rates. Current legislative language appears to emphasize process as opposed to a definable outcome (i.e., paid work experience). IDEA needs to emphasize outcome-specific plans, not just processes.

Accordingly, Congress should establish a formula grant program that provides the opportunity for all state educational agencies to obtain funds specific to the provision of community-based work experience and job obtainment for secondary level students. An appropriation is needed in the range of $50 million to $75 million for this formula grant program. Use of these funds should be limited to the provision of services, with a maximum allowance of 5 percent for administrative use. This recommendation is based on the success of a similar legislative initiative to expand participation in supported employment in the adult services system. The 1986 Rehabilitation Act Amendments established within Title VI, Part C, which is a formula grant program for supported employment services. The original annual appropriation for the Part C formula grant program was in the area of $25 million within a piece of legislation that totaled over $1 billion dollars. In FY 1986, national participation in supported employment totaled 9,882 individuals with supported employment expenditures by vocational rehabilitation agencies totaling $9.8 million (Wehman, 1991). In comparison, approximately 90,000 individuals participated in supported employment in FY 1991 with VR agency expenditures for supported employment services of more than $74.8 million and with non-VR agency expenditures of $160.2 million (Revell et al., 1994). The Title VI, Part C formula grant program established the basis for a national supported employment services initiative and has leveraged funds into supported employment at a level more than seven times the amount of the Part C appropriation. The federal set-aside, formula-grant approach has demonstrated effectiveness in converting supported employment from research and demonstration to systematic use nationally.

Second, Congress should provide that Individual Transition Service Plans be closely coordinated with the student's Individual Education Plan and include (a) steps to completion of an employment goal, (b) person(s) responsible for implementing the goal, (c) deadline for completion of the plan, and (d) parent and career preference, if appropriate. Third, Congress should provide that the ITSP strongly reflect experience in paid community-based employment to the fullest extent possible, with special emphasis on community work experience for students before leaving school.

Finally, Congress should address diploma-discrimination. Nationally, completion of a secondary level special education program that does not conform to a formal academic or vocational training curriculum frequently results in the student receiving certificates of attendance or certificates noting completion of an IEP. Frequently, the IEP-completion "special diploma" does not emphasize mastery or competency; instead it reflects participation in an education generally consistent with an IEP based on process, not outcome. The certificates or special diplomas awarded to many special education students are not recognized or credible with employers; the certificates do not indicate the general competencies gained through graduation from secondary education. Accordingly, Congress should establish a non-academic track diploma category for special education students who accomplish the employment-related, community-oriented outcomes specified in their IEPs. These outcomes could include successful completion of a prescribed number of hours of paid work experience.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical *assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.*

OSERS should concentrate on activities that help make secondary-level special and general education useful and functional for students to gain employment and make successful transitions into adulthood. To accomplish this, OSERS should (a) fund research and demonstrations to expand both the body of knowledge and national awareness regarding the critical importance of work experience while in school and employment-focused transition efforts, (b) fund preservice and in-service training and technical assistance focused on increasing the understanding and competency of educators in effectively integrating practices built on the "presumption of ability" around employment in the community into the education of students, and (c) strengthen its monitoring responsibilities regarding the clearly stated goals and content of IDEA.

Fund Research and Demonstration Efforts Emphasizing Work Experience and Employment with Supports

Research and demonstration are needed specific to those education practices that have the major impact on (a) preparing students with a disability for employment, (b) supporting them in obtaining employment during their transition process from school to the adult community, and (c) obstacles, such as disincentives in the disability benefit system, that inhibit successful employment.

* NIDRR could fund projects through a rehabilitation research and training center (RRTC) or other grantees directed at students with significant disabilities and targeting, for example, strategies for meaningful employment experiences

while in school, expanding knowledge of employment opportunities and critical employment skills and behaviors through community-based activities, and enhancing job referral/placement/ongoing support. Funding priorities could include (a) projects which study the (positive) relationship between school inclusion practices and competitive employment outcomes, (b) projects which emphasize the importance of family-friend-community networks in obtaining and sustaining employment, and (c) projects which study the negative effects of disincentives to employment in the Supplemental Security Income/Social Security Disability Insurance program and in the health care system.

* OSERS, through the Rehabilitation Services Administration and the community demonstration projects funded through Title III of the Rehabilitation Act Amendments of 1992, could establish priorities for demonstrating supported employment services in transition of students with significant disabilities. RSA could also use its discretionary grant options to fund projects that intermingle VR and other adult system funds with resources from the education system to generate employment outcomes for transitioning students.

Fund Preservice and In-Service Training and Technical Assistance Focused on Increasing the Understanding and Competency of Educators

As the number of students with the full range and degree of disabilities increases in general education classrooms, general educators take on new roles of fostering both employment skill development and full community participation for these students. To be effective, both general and special educators must be able to see beyond students' disability-related challenges and focus on nurturing their abilities, interests, and opportunities. Being an effective educator involves being aware of disability, recognizing the importance of outcome-oriented education focused on the community, and having skill and support to use the rapidly expanding education and training technology designed to achieve employment outcomes.

OSEP could set priorities of assisting educators to work effectively with employment-oriented education and transition programming for students with a disability. The Federal Government funds a number of short-term and long-term training initiatives for professional preparation and ongoing skill-development of educators. Employment-focused priorities within these grant initiatives would have national impact on improving the awareness and skills of current educators and the next generation of educators.

National technical assistance initiatives have demonstrated their effectiveness in assisting state systems respond effectively to the service needs of individuals with a disability (Mank, Buckley, Green, VanCovern, & Revell, 1992). OSEP and NIDRR, through use of RRTCs or through a special funding initiative, could support a national technical assistance capacity around employment-oriented educational programming. The federal program could also support state-managed technical assistance with this same focus. Technical assistance that is longitudinal in nature and drawn from a multi-participant systems development plan can have sustained impact on state and local efforts.

Strengthen OSERS Monitoring Responsibilities Regarding the Clearly Stated Goals and Content of IDEA

OSERS monitoring should emphasize outcomes achieved by students with disabilities. Specific to achieving employment outcomes for transitioning youth and young adults with a disability, monitoring of the effectiveness of IEPs and ITSPs should focus on the following components of an employment-oriented secondary level education program: (a) clearly stated employment goals on the IEP/ITSP, (b) functional, community-referenced secondary educational curriculum, (c) community-based service delivery, (d) interagency planning and service delivery efforts, (e) availability of an array of post-secondary options, (f) availability of ongoing community-based support services, and (f) student, parent, and family involvement and satisfaction throughout the education and transition process.

7. Provide two or three specific recommendations for improving IDEA's implementation by state or local education agencies.

Research and best practice demonstrate the ability of transitioning students with significant disabilities to work productively in competitive environments and live successfully in the community. Considering the high levels of unemployment among young adults with disabilities, why then does it appear that employment and community-oriented educational and transition practices are frequently the exception and not the norm? It is because at the state and local level, there continues to be a lack of general awareness about the interests and potential abilities of students with disabilities. For all the language around choice and consumer empowerment within disability-related legislation, professional dominance continues to be the norm in the selection of goals and services. Students' plans of services all too frequently conform with existing staffing patterns and allotments of resources, as they do not draw on staff and resources with flexibility for use best suited to individual outcomes. This is exemplified by maintenance of a secondary-level classroom approach with a limited allotment of resources to provide instruction in the community and support at a job site. Knowledge about effective employment-oriented education programming and hands-on technical assistance on use of such knowledge are not widespread.

State and local initiatives to expand the community and employment orientation of education and transition programs flow directly from the recommendations contained in the response to Question 6.

* Encourage the demonstration and implementation of educational programming generating employment outcomes: State education agencies have access to a variety of tools to provide direction and encouragement to local education agencies on educational programming. These include policies, high-visibility initiatives, special project/incentive grant funding, staffing grants, best practice guides, and topical state and regional conferences. Local education agencies have many similar ways to influence programming. Demonstrations of effective programming, coupled with changes in perceptions and expectations about students, are a proven means to influence programming. State education agencies and local education agencies must use the options available to each to

expand the capacity of educators and educational programming regarding achieving employment outcomes.

- Use preservice, in-service, and technical assistance resources to build awareness and skills: Disability awareness and competency are no longer issues to be addressed only in teacher preparation for special educators. Preservice teacher preparation for general educators must also address these topics. State education agencies can influence the direction and content of teacher preparation programs through funding, policy and planning initiatives, etc. Ability-oriented content and exposure are needed in preservice training for general educators, and outcome, community-oriented emphasis is needed in the preparation of special educators. The same is true of in-service activities. Hands-on assistance is a primary means for improving and maintaining effective educational programming. This assistance can occur through mentoring and using regional and local resource specialists made available through state education agencies and/or local education agency-sponsored technical assistance networks.

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Annotated Literature Abstract

Citation

Wehman, P., & Kregel, J. (1994). Toward a national agenda for supported employment. Journal of Vocational Rehabilitation, 4(4) 231-242.

Abstract

The use of community-based employment with supports, as an alternative to traditional facility-based day programs, has changed the nature of vocational services for adults with mental retardation. Numerous demonstrations have unequivocally documented the employment potential of people with mental retardation and other significant disabilities. Despite these accomplishments, problems persist that may threaten the ultimate effectiveness of the program. In the paper, the authors delineate a national agenda for supported employment through a set of national goals that focus on expanding the number of individuals in supported employment, promoting consumer choice, implementing the ADA, converting segregated day programs, and expanding the number of qualified personnel.

Key Points and Quotes

1. Supported employment has emerged in the past decade as a desirable alternative to traditional segregated day programs because it leads to community integrated employment for individuals with significant disabilities.

"Have we been successful in assisting the people who wish to work in competitive employment to enter the labor force and maintain meaningful employment? In our field we are now at a point where our ability to successfully place and support people in competitive employment is greater than it has ever been. Philosophical advances, technological innovations, and legislative and policy initiatives have combined to create a climate of high expectations and seemingly unlimited potential. Yet, it is important to keep in mind that as recently as 15 years ago, most professionals believed that individuals with moderate or severe mental retardation, Down syndrome, autism, or other severe cognitive disabilities could not possibly work in competitive employment." (p. 231)

2. Many people with disabilities have not yet become employed in the community. If we are to fulfill the initial promise of supported employment, we must implement a set of national supported employment goals immediately.

"Despite these accomplishments, there remains a very troubling *incongruity* between what we know can be achieved and what is occurring (Bowe, 1993; Wehman & Kregel, 1994; Mank, 1994). We must carefully examine whether the opportunity to pursue a meaningful career will become a reality for consumers with developmental disabilities or whether attitudinal, fiscal, and programmatic barriers are combining to halt the progress we know is possible. To prevent this missed opportunity, there needs to be a much clearer focus by consumers, advocates, and professionals involved in supported employment on what the national goals should be for this program." (p. 233)

3. For growth in community-based employment options to continue, persons with disabilities must exercise their legal rights to select the individualized employment services best suited to the individual workers' interests and needs.

"We believe supported employment will continue to expand, propelled by the self-determination and choice provisions of the ADA and the 1992 Rehabilitation Act amendments. Growth will be limited, however, without increased advocacy and a renewed sense of commitment to the program. The true power to change a human service system lies within the consumers who receive the services. Continuing the expansion of community-based employment alternatives, changing adult activity centers to integrated employment, revising ineffective policy and funding mechanisms, and developing a core of highly skilled professionals dedicated to meeting consumer needs while respecting their desires and decisions are major challenges. However, it is clear that consumers and their families will be the change agents. Professionals must work together with consumers to empower them to meet these goals." (p. 240)

Annotated Literature Abstract

Citation

Parent, W., Unger, D., Gibson, K., & Clements, C. (in press). The role of the job coach: Orchestrating community and workplace supports. American Rehabilitation.

Abstract

Supported employment has assisted thousands of individuals with severe disabilities to become successfully employed at competitive jobs in the community. New and innovative support technologies offer consumers of supported employment greater opportunities for directing their careers and choosing the type and amount of assistance they would like to receive. This article describes a model of supported employment service delivery that enhances the role of the job coach in maximizing the use of employer, coworker, community, and family supports to enable an individual to obtain, learn, and maintain a job of his or her own choosing. A systematic process for utilizing community and workplace supports in supported employment includes the following components: (1) determine individual needs and preferences, (2) brainstorm potential options, (3) assess job and community supports, (4) identify individual choices, (5) develop strategies for accessing supports, (6) evaluate support effectiveness, and (7) arrange provisions for on-going monitoring.

Key Points and Quotes

1. Utilizing community and workplace supports in the provision of supported employment services expands the opportunities available to individuals with severe disabilities to work at the competitive jobs of their choice.

"Recent efforts have focused upon developing additional support technologies aimed at enhancing service delivery practices to better meet the needs of all individuals interested in community-based employment. Identifying new and effective approaches for better supporting workers with severe disabilities and assisting greater numbers of persons who would like to enter the work force is a critical element in the continued growth and expansion of supported employment services (Kregel & Wehman, 1989). Innovations, such as assistive technology, rehabilitation engineering, compensatory strategies, natural supports, job modifications, job carving, and personal assistant services, have opened the door to employment for many persons previously considered too severely disabled to work (Hagner & Dileo, 1993; Mank, in press; Nisbet, 1992; Wehman, Sale, & Parent, 1992). As a result, job coaches now have a much more extensive array of tools, in addition to behavioral training techniques, with which to support workers with severe disabilities in competitive jobs in the community." (p. 5)

2. *Developing community and workplace support options can be accomplished through personal contacts with agencies, organizations, associations, and businesses to identify the type of assistance that is potentially available.*

"The first step in utilizing an array of support options is finding out what type of assistance is potentially available in the community and different employment settings. This can only be accomplished by becoming familiar with the local community and the many support resources available to and used by individuals with and without a disability....Ideas of organizations or agencies to investigate can be identified from a variety of sources. Those found to be the most productive include personal connections through friends, acquaintances, or experiences; the telephone book; the consumer and his or her friends; the newspaper; and other colleagues. Five general types of support option categories have been identified. These include: 1) employer supports, 2) transportation supports, 3) community supports, 4) personal and independent living supports, and 5) recreation and social integration supports." (p. 8)

3. *Achieving community-integrated employment outcomes for individuals with severe disabilities requires a reliance on a combination of community, supervisor, coworker, family, and human service supports.*

"Consumers need to choose who will help them, how assistance will be provided, and change their mind if they would like, while maintaining a circle of support from their job coach who is available to assist with orchestrating or providing whatever supports are desired. The job coaches' role becomes much more refined in that they must be: 1) knowledgeable of a variety of different types of supports, 2) able to share information with consumers so they can make informed choices, 3) skilled at helping to access any assistance the consumer would like, 4) willing to provide support themselves when other options are not available or the consumer prefers their help, and 5) responsible for monitoring the on-going use of a support and arranging alternative assistance should the need arise." (p. 21)

Model Profile

The Vocational Options Project is a best-practice model for designing community-based vocational programs for students with severe disabilities. This project operated from July 1990 to July 1993 and was sponsored by a three-year federally funded grant awarded by the U.S. Department of Education to the Virginia Commonwealth University Rehabilitation Research and Training Center on Supported Employment. The purpose of this project was to demonstrate the effectiveness of community-based vocational training and supported employment for adolescents with severe disabilities.

In this project, 23 youth ranging in ages from 16 to 22 participated in two to four community-based nonpaid vocational training experiences. Of these, 10 were placed in various paid supported employment options. All students participating in the project met the federal definition of severely disabled youth and were enrolled in public school programs. The Vocational Options Project specifically targeted those adolescents who had not participated in community-based instruction and supported employment because of the challenge presented by the type and degree of their disabling conditions. Students who participated included individuals who had challenging behaviors, autism, cerebral palsy, severe sensory impairments, and/or severe and profound mental retardation.

The project targeted (a) the development of appropriate social and vocational skills in community-based training sites that reflected potential jobs in the community and (b) the development of work histories for the project participants. Two local school districts participated in project activities and referred students. Although both of these districts had community-based experiences for students with mild and/or moderate disabilities, neither had provided intensive one-to-one programming in the community for students with more severe disabilities.

To establish community-based training sites, the project used the following five-step process: (1) conduct a community job market analysis, (2) identify businesses with the targeted jobs and contact the personnel director or employer, (3) select and analyze appropriate jobs for community-based training, (4) schedule community-based training, and (5) design individual systematic instruction programs. All businesses that served as training sites signed agreements regarding compliance with federal and state labor regulations regarding nonpaid work experience. Students who participated received an average of three different vocational experiences, with each vocational experience lasting approximately one month and involving no more than 120 hours of on-site instruction per job experience.

Instruction at the jobsite was provided by an employment specialist who worked also with the students, their families, and the school staff to develop work resumes for these youth and to help them identify job preferences for future employment based on the community-based training experiences. During the third year of the project, the 10 students who were placed into paid work experiences earned approximately $28,000. These were students with severe disabilities who, prior to the Vocational Options experience, were not regarded as candidates for successful participation in community-based employment. Students were placed in dispersed locations within a business and received continued support and supervision from the project staff employment specialist.

This approach was selected due to intensive behavioral needs of the students who participated in paid work experiences.

The Vocational Options Project demonstrated that students with the most severe disabilities, including individuals with severe and profound mental retardation and significant behavioral challenges, can successfully participate in community-based training and supported employment as a component of their school program. Their success resulted from (a) intensive systematic instruction and on-the-job support and training, (b) attention to job development and job modification issues, (c) emphasis on family involvement, and (d) appropriate curriculum development within the school system. Highly competent, specifically trained teachers and employment specialists who worked with the students and their families also assisted employers, coworkers, and the general public to learn the value of workers with severe disabilities in community job sites. To meet the challenge of finding and keeping appropriate jobs, staff selected job sites with a supportive and interactive atmosphere in which modifications and informal job sharing were possibilities. The overriding importance of positive family support to the success of the work experiences was demonstrated repeatedly. The Vocational Options Project clearly demonstrated the importance of functional curricula, integrated school experiences with nondisabled youth, and community-based instruction and work experience. **Example of a Community-Based Training Report:** Completing community-based training helps to determine the training needs and job preferences of students and helps in placing them into supported employment. The following summary of one participant's work experiences provides examples of the type of information that can be used by the student and others to help identify abilities and employment preferences. The student worked at each job site daily for two hours, four days a week, over a six-week period. Each site involved different job duties and work environments.

Training Site #1: At Hechinger's hardware store, she had several workstations, was required to orient to large areas in the store, and had frequent contact with customers. By the end of the training session, she was able to match stock in boxes to the correct location on the shelves, lift stock weighing up to 20 pounds, maneuver a loader sock cart throughout the store, and respond to customer questions by saying, "Please ask at the service desk."

Training Site #2: At Howard Johnson's restaurant, her job was to clean identified sections of the restroom and vacuum the motel lobby. This position involved moving between two different workstations in the front of the motel. She learned only 30 percent of the vacuuming task and did not seem to like this job duty. She did reach skill acquisition on the bathroom job in four weeks of training; however, she could not work to production standards. During the last two weeks of training she worked on learning how to move quickly with the assistance of a reinforcement program.

Training Site 3#: Her position at Shoney's restaurant focused on busing tables and rolling silverware. Rolling silverware was a seated job duty that occurred in a secluded section of the dining room, while busing tables required orienting to the entire restaurant, continuous standing, and interactions with customers and coworkers. She learned both tasks by the end of six weeks. Because she was very meticulous and took great care in performing her work, she had less ability to achieve the production speed of her coworkers.

Summary of Training Experience: She worked well in a variety of work settings and around unfamiliar people during the community-based training experiences. Her work site of choice was Shoney's. She demonstrated a positive attitude and acted appropriately with coworkers and customers. The trainers learned the type of instruction techniques most effective with her, her vocational strengths, and areas where accommodations might be needed.

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MINORITY ISSUES

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Abstract

1. Current practices in special education have generated a system of identification, assessment, and segregation that is fraught with both overrepresentation and underrepresentation of minority students. The outcomes for all students in special education, including those from diverse backgrounds, are to achieve post-school success in employment, independent living, and/or community participation. These outcomes will be achieved when the following are practiced: (a) nonbiased assessment, (b) legitimate classification, (c) accurate placement, and (d) appropriate instructional practices and services.

2. If the educational outcomes of a free appropriate public education are to achieve post-school success in employment, independent living, and/or community participation, the outcomes for minority students with disabilities are not being realized.

3. Effective approaches include but are not limited to (a) alternative educational assessment, (b) culturally responsive instructional methodology and materials, and (c) active parental involvement.

4. Practices that most inhibit outcomes for children from diverse backgrounds are (a) inappropriate assessment and classification, (b) teachers' lack of cultural competence, (c) traditional teacher-directed, deficit-based methodology, and (d) limited parental involvement.

5. Congress can ensure that children with disabilities from diverse backgrounds will be appropriately evaluated and served through implementation of the following actions: (a) direct OSERS to develop and implement regulations for appropriate or alternative assessment procedures, (b) investigate issues surrounding classification and placement of minority students in special education programs, (c) enact measures that encourage the use of appropriate curriculum and materials, and (d) require preservice teacher training programs to include course

work and field experience that will prepare future educators to work with children from various ethnic, racial, and linguistically diverse backgrounds.

6. OSERS can (a) monitor and investigate the problems associated with misrepresentation of minority students in special education programs and (b) fund research, training, and technical assistance to develop, implement, and monitor best practices associated with culturally responsive assessment, instruction, curriculum, and materials for minority students with disabilities.

7. State and local education agencies can (a) improve school practices for minority students with disabilities and (b) support and strengthen culturally responsive teacher education programs.

1. What outcomes signify successful implementation of the topical issue?

The 1990 amendments to IDEA left no doubt about Congress' concerns related to minority students in special education. In a word, Congress was concerned about the denial of equal educational opportunities for minority students and the overuse of special education for them.

In commenting on IDEA's discretionary programs, Congress acknowledged that "the Federal Government must be responsive to the growing needs of an increasingly more diverse society," that "America's racial profile is rapidly changing," that recruitment of minority professionals is essential to meet the students' needs, that the limited English proficient population is the fastest growing in the nation, that "greater efforts are needed to prevent the intensification of problems connected with mislabeling and high dropout rates among minority children with disabilities," that "more minority students continue to be served in special education than would be expected from the percentage of minority students in the general school population," that it is necessary to overcome discrimination against minorities in training and education programs, and that it is essential for minority individuals to receive training to participate effectively in special education programs (20 U.S.C. Sec. 1409).

These concerns were hardly new in 1990. Indeed, from the outset (in 1975), IDEA provided for nondiscriminatory evaluation, in recognition of the fact that then-current evaluation procedures and criteria resulted in overrepresentation of minority students in special education (20 U.S.C. Sec. 5(C); *Lary P.* v. *Riles*, 1972). Testing and evaluation materials and procedures that are selected and administered so as not to be racially or culturally discriminatory, and that are administered in the student's native language or mode of communication, presumptively would have corrected to some degree or another the problems of overrepresentation. It is fair to say that it was expected that fair evaluation would create a situation where minority groups would be represented in special education and at all points along the continuum of services in accordance to their natural proportions within the general population.

In turn, discriminatory evaluation would have ensured that minority students, having been classified properly, would be provided with a beneficial education, whether in general or special education programs. An appropriate education would have resulted in post-school outcomes for minority students with disabilities that are at least comparable to the post-school outcomes that nonminority students with disabilities can expect.

2. To what extent have these outcomes been achieved in the last five years?

Given that Congress' concerns in 1990 were especially targeted on mitigating the mislabeling of minority students and reducing their dropout rates, and given further that the nondiscriminatory evaluation provisions have sought for nearly 20 years to prevent misclassification and ensure appropriate education, one must conclude that IDEA's goals have not been met.

Although adjustments in evaluation and assessment practices and procedures have been made in several states, often in response to court orders, the use of appropriate evaluation and assessment practices and procedures continues to be a concern. Indeed, current practices have generated a system of identification, classification, and segregation that is fraught with both overrepresentation and underrepresentation of minority students (U.S. Department of Education, 1993).

- * Asian-Pacific students are generally underrepresented in disability categories and overrepresented in gifted and talented programs;
- * African-American students still tend to be overrepresented in classrooms for students with mild mental retardation; and
- * Latinos are overrepresented in programs for students with learning disabilities and speech language impairments (Finn, 1982 and Harry, a, as cited in Artiles & Trent, 1994).
- * Native Americans are in classes for students with learning disabilities in disproportionately high numbers; whereas their representation in classes for students who are gifted is consistently low (Chinn & Hughes, 1987).
- * Twenty-six percent of Black and 18 percent of Hispanic children are labeled mentally retarded, while only 11 percent of White children have this label (U.S. Department of Education, 1990, as cited in Shapiro, Loeb, & Bowermaster, 1993).

Furthermore, minority students are dropping out of schools at a much higher rate than students who are White. At the beginning of this decade, the dropout rate for Hispanics was 49 percent, 47 percent for African Americans, and 33 percent for Whites (De La Rosa & Maw, 1990). It is also estimated that one-third of Native American students will eventually drop out of school (Napier, 1992). Compounding this problem is the fact that "about 1 in 4 special education students drop out of high school; 43 percent of those who graduate remain unemployed three to five years after high school, and nearly one third—primarily those with learning and emotional disabilities—are arrested at least once after leaving high school" (Shapiro, Loeb, & Bowermaster, 1993, p. 56). Both the distinguishing characteristics of minority background and disability are placing minority students with disabilities in double jeopardy for dropping out and not attaining the post-school successes intended by IDEA.

Several factors contribute to the problems faced by minority students with disabilities, including inappropriate assessment, incorrect classification, inaccurate placements, and inappropriate instructional practices and services. Only in isolated programs across the United States have positive outcomes for minority students in special education been achieved, and most of these have been programs for Limited English Proficient (LEP) students (U.S. Department of Education, 1993). Problems associated with educating minority students with disabilities remain a hot topic for dissemination in journals today and attest to the fact that positive outcomes for this population are still being sought (Gersten & Woodward, 1994).

3. What educational models/procedures are most effective for achieving these outcomes?

Effective approaches include alternative educational assessment, culturally responsive instructional methodology and materials, and active parental involvement.

Alternative Educational Assessment

Using alternative, nonstandardized methods of educational assessment with multiple criteria seems to be an appropriate and effective assessment process for an ethnolinguistically diverse population. Alternative assessment includes an integrated approach using a variety of measures and data collection methods (e.g., observations, self-reports, checklists, portfolios, inventories, and curriculum-based assessment). This approach provides teachers with relevant and useful information regarding student performance and is valuable in making appropriate instructional decisions (Fradd & McGee, 1994; Hamayan & Damico, 1991). Furthermore, this approach allows for the exploration of the numerous factors and confounding variables (e.g., environmental deprivation, poverty, health problems, language and cultural differences) that affect the performance of minority students and could result in a misdiagnosis.

Culturally Responsive Instructional Methodology and Materials

Culturally responsive instructional practices enhance students' opportunities to reach their fullest potential. The need for a culturally responsive pedagogy is even more critical when referring to minority students with disabilities (Moll, 1992). A culturally responsive pedagogy is characterized by the following:

1. Context Embedded Instruction. Context embedded instruction facilitates the development of responsive classroom environments for all children by providing meaningful content that is culturally responsive and uses students' experiences as tools for building further knowledge (Baca & Cervantes, 1989; Bennett, 1990; Cummins, 1989; Scarcella, 1990).

2. Content Rich Curriculum. Researchers have shown that students who receive instruction within a content rich curriculum develop a positive attitude about learning, a heightened self-concept, and pride in their culture (Durán, 1988; Scarcella, 1990). In addition, a positive vision of minority students by the classroom teacher is essential for an appropriate education (Moll, 1992). Teachers who were convinced that these children from minority backgrounds were competent and capable of learning in an innovative and intellectually challenging curriculum reported higher levels of student achievement.

3. Equitable Pedagogy. An equitable pedagogy, one which varies according to students' needs and the teachers' styles, focuses on providing an appropriate educational experience for all children regardless of their disability or ethnolinguistic background. Instructional practices that facilitate and promote academic success among students within a pluralistic and democratic setting allow students to develop a positive ethnic and national identification (Villegas, 1988).

4. Interactive and Experiential Teaching. Interactive and experiential teaching approaches have been reported by researchers to promote feelings of responsibility, self-pride, and belonging in diverse learners (Obiakor, Algozzine, & Ford, 1993; Voltz & Damiano-Lantz, 1993). This hands-on approach empowers learners as they share the responsibility for the learning process while teachers provide guidance in the construction of knowledge.

5. Classroom Materials and School Environment. Classroom materials and school environment should reflect students' diverse backgrounds (Freeman & Freeman, 1993). Materials that are selected based on their relevance to the content and their

significance to the student generate a more meaningful and student-centered learning experience.

Active Parental Involvement

Parental involvement in the educational process is important for students' success in school. Reynolds (1992) reports on the positive influence of parental involvement on children's academic achievement and school adjustment. He discusses a strong correlation between parental involvement in school and the at-risk child's development of self-confidence, motivation, and sense of cohesiveness. Furthermore, families of students who did not drop out and succeeded in school participated in their children's school decisions, demonstrated a motivating and nonpunitive action concerning grades, and were involved to different degrees within the school environment (Rumberger, Ghatak, Poulos, Ritter, & Dornbush, 1990).

4. What educational models/procedures most inhibit these outcomes?

Practices that most inhibit outcomes for children from diverse backgrounds are inappropriate assessment and classification, teachers' lack of cultural competence, traditional teacher-directed, deficit-based methodology, and limited parental involvement.

Inappropriate Assessment and Classification

Traditional assessment for diagnosis, classification, and placement of students has been characterized by standardized psychometric measures developed in the English language. This methodology strongly relies on sophisticated linguistic skills, a context-reduced format, and distinct cognitive skills used to define the intelligence construct.

The dearth of assessment instruments in the student's native language and the lack of experienced personnel competent and responsive to cultural and linguistic differences promote a limited vision of the complex nature of the minority student.

Furthermore, the definition of "native language" provided in IDEA regulations can be easily misinterpreted (Figueroa, Fradd, & Correa, 1989). The regulations state that "the term 'native language,' when used with reference to an individual of limited English proficiency, means the language normally used by that individual, or in the case of a child, the language normally used by the parents of the child" (34 CFR Sec. 300.12). Moreover, the regulations note, "In using this term, the Act does not prevent the following means of communication: (1) In all direct contact with a child (including evaluation of the child), communication would be in the language normally used by the child and not that of the parents, if there is a difference between the two" (34 CFR Sec. 300.12, Note). This definition can be confusing and allows for inaccurate assessment procedures. For example, Hispanic children who have acquired some conversational English at school would not necessarily be tested in Spanish, the language of the parents. In fact, only 25 percent of the LEP students' folders reviewed by Ortiz (1986) contained evidence of current language testing, and only a few indicated that children were tested in their native language (as IDEA requires). Such a limited scope of assessment in the native language can result in a biased assessment, misdiagnosis, misplacement, and inappropriate instructional practices and services that reduce minority students' opportunities for success.

Lack of Cultural Competence

The limited number of teachers from minority backgrounds represents a challenge for the increasingly diverse student population. In addition, teacher attitudes and perceptions affect patterns of interaction with the learner and the school curriculum (Porter & Brophy, 1988). Teachers' lack of awareness of their own ethnocentric views and their limited cultural competence regarding minority and diverse students inhibit effective practices with students from diverse backgrounds (Harry, a; Harry, 1992b; Yates & Ortiz, 1991).

Teacher preparation programs are not successfully recruiting and retaining minority students (Hill, Carjuzaa, Aramburo, & Baca, 1993), are providing little curriculum related to culturally responsive pedagogy (Harry, a), and are providing preservice teachers with little or no field experience with students from diverse backgrounds (Burstein & Carbello, 1989; Fender & Fiedler, 1990). It will be difficult for teachers to have a positive impact on minority student outcomes until preservice and in-service programs address these issues.

Teacher-Directed, Traditional Deficit-Based Methodology

Traditional special education practices are disability focused and do not consider the impact culture and language have on cognitive functioning and learning (Franklin, 1992). Teacher-centered approaches limit the student potential and take learning outside the natural context (Poplin, 1988). Drill and practice of concepts and skills in isolation need to be reconsidered as teachers embrace the context embedded approach (Bennett, 1990).

Limited Parental Involvement

Minority families face particular problems that inhibit home-school collaboration. Among those problems are poverty, unemployment, inadequate housing, nontraditional family structures, limited language proficiency, and low educational attainment (Williams, 1992). The daily struggle for survival takes precedence over school concerns and has the potential to affect the child's opportunity to succeed in school. Furthermore, minority families may feel overwhelmed by unfamiliar bureaucratic educational systems. For example, it has been only recently that Native American parents have been involved in local school decision-making (25 U.S.C. Secs. 2601-2651). Nevertheless, overall family input into educational programs remains extremely limited.

5. Provide two or three specific recommendations for action by Congress.

Congress should ensure that children with disabilities from diverse backgrounds will be appropriately evaluated and served through implementation of the following actions: (a) direct OSERS to develop and implement regulations for appropriate or alternative assessment procedures; (b) investigate issues surrounding classification and placement of minority students in special education programs; (c) enact measures that encourage the use of appropriate curriculum and materials; (d) require preservice teacher training programs to include course work and field experience that will prepare future educators to work with children from various ethnic, racial, and linguistically diverse backgrounds. The direct impact of these actions will be evidence that students have achieved in school, decreased drop-out rates, and improved post-school outcomes.

Appropriate or Alternative Assessment Procedures

Congress should make it clear in its Committee Report that OSERS should closely monitor 20 U.S.C. Sec. 1412(5)(C) for implementation of nondiscriminatory selection and administration of evaluation tools and procedures. The directive to OSERS should state Congress' belief that administration in the student's native language is not only desirable but also necessary and that in the regulations (34 CFR Sec. 300.532 (a)(1); Authority: 20 USC 1412 (5)(C)) the definition for "native language" should be specifically tied to the language used in the home. In addition, the Congressional Report should make clear Congress' belief that compliance with the use of multiple criterion measures during the assessment process is essential to appropriate evaluation and placement. Furthermore, Congress should consider the recommendation by Figueroa (1991) that "...the case law may actually be inadequate to protect bilingual children from misdiagnosis and that the most prudent position may well be to exclude psychometric tests from any aspect of decision making with bilingual populations" (p. 83).

Classification and Placement of Minority Students in Special Education Programs

Congress should conduct an oversight hearing to determine what OSERS, other related federal agencies, and state educational agencies are doing to ensure that minority students are not overrepresented or underrepresented in special education classifications and programs. The misrepresentation of students from minority backgrounds is apparent in most, if not all, categorical areas.

Appropriate Curriculum and Materials

Congress should appropriate additional funds for research and demonstration projects directly related to the development and implementation of appropriate curriculum and materials for minority students with disabilities. In addition, Congress should direct OSERS to award extra credit in the peer-review process to federally funded research and demonstration projects that include a multicultural perspective.

Preservice Teacher Education Programs

Congress should appropriate additional funds for recognized minority institutions to prepare students from minority populations for special education and related service careers as stated in 20 U.S.C. Sec. 1409 (j)(2)(B)(ii). Additionally, Congress should direct OSEP to continue to award extra credit in the peer-review process to federally funded personnel preparation projects that include minority students.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS should (a) monitor and investigate the problems associated with misrepresentation of minority students in special education programs and (b) fund research, training, and technical assistance to develop, implement, and monitor best practices associated with culturally responsive assessment, instruction, curriculum, and materials for minority students with disabilities.

Monitor and Investigate the Problems Associated with Misrepresentation

An investigation and monitoring process is needed to understand and correct the underlying causes of misrepresentation of minority students in special education programs. OSERS should establish an agenda on misrepresentation:

- OSERS could fund a research and training institute on misrepresentation of minority students in special education programs.
- OSERS should revisit the effectiveness of the reevaluation process (34 CFR Sec. 300.534).

Fund Culturally Responsive Practices

Funding is needed to better understand the needs of minority students with disabilities and their families. OSERS should establish a research and training agenda on best practices:

- OSEP could require Parent Training and Information Centers to provide training and technical assistance to their constituents on best practices associated with culturally responsive assessment, instruction, curriculum, and materials for minority students with disabilities.
- OSEP could establish a priority in funding personnel preparation projects that address the needs of minority students with disabilities and their families.
- OSERS should fund the dissemination of culturally responsive assessment tools, classroom materials, and curriculum and encourage existing clearinghouses to participate in this endeavor.

7. Provide two or three specific recommendations for improving IDEA's implementation by states and local education agencies.

State and local education agencies should (a) improve school practices for minority students with disabilities and (b) support and strengthen culturally responsive teacher education programs.

Improve School Practices

State and local education agencies should:

- require school districts to improve testing procedures for students with disabilities from diverse backgrounds by incorporating multiple assessment procedures and eliminating standardized measures;
- reassess current programs and classification procedures for existing misrepresentation of minority students in special education and implement necessary remedies;
- expand post-secondary education opportunities for minority students with disabilities by supporting effective vocational education, current job training, and school-to-work transition programs; and
- build partnerships that involve families in their children's learning and in efforts to improve their schools, giving special attention to minority families.

Support and Strengthen Teacher Education

State and local education agencies should:

- develop competencies and certification programs that lead to certification in bilingual/special education;

- support ongoing substantive and pedagogical retraining for school personnel in areas related to the needs of culturally and linguistically diverse students and their families; and
- encourage all teacher education programs to include course work and field experience in diversity.

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Annotated Literature Abstract

Citation

Artiles, A., & Trent, S. (1994) Overrepresentation of minority students in special education: A continuing debate. Journal of Special Education, 27, 410-437.

Abstract

The authors provide a historical and current perspective on the issues of overrepresentation of minority students in special education. In their analysis of the problems in the 1990s, they describe multiple variables affecting overrepresentation, including court cases, debate about systemic issues, demographic and socioeconomic changes, the construction of minority students' school failure, and the fallacy of the cultural diversity-disability analogy. Lastly, the authors propose some solutions for the overrepresentation problem.

Key Points and Quotes

1. The special education system needs to accommodate the needs of minority students with disabilities by including functional assessment, culturally sensitive instruction, and a redefinition of home-school-community relations.

"A functional assessment approach is congruent with the preventive model. In this model, the role of context is considered critical to explaining a student's academic success or failure...The most important components of the functional assessment model are prereferral intervention, direct observation, and curriculum-based measurement." (p. 529)

"...we contend that educators must be trained to use a variety of instructional models that have improved the academic performance of at-risk groups." (p. 529)

"The community of educational researchers ought to lead the efforts to redefine the link between schools, homes, and communities through the implementation of a community-multidisciplinary approach. Different service providers (e.g., schools, mental health, public health, social service agencies) could coordinate efforts with families and communities to render specialized services in an equitable manner. All parties involved in this effort, however, must first assess their level of cross-cultural competency (both at the organizational and individual levels) to offer meaningful assistance to minority families." (pp. 529-530)

2. There is a need for preparing personnel for multicultural education within teacher education programs.

"...greater emphasis should be placed on the recruitment of minority individuals to pursue careers in teaching and educational research (Grant, 1992; Trent, 1992). It is expected that the inclusion of a multicultural component and of more minority educators will benefit the educational system in at least three ways: (a) It will increase the number of minority role models for all pupils and professionals in education, (b) it will expose all pupils to a curriculum that offers diverse perspectives (i.e., it will broaden pupils' world views), and (c) it will allow minority educators to offer their unique input to practitioners, educational reformers, and policymakers." (p. 431)

3. Access to and dissemination of knowledge are fundamental means to advocate and develop policy on behalf of minority students.

"Sophisticated record-keeping systems and regional and national data bases need to be established to document continuously the overrepresentation problem. Likewise, a systematic model to assess and to interpret the overrepresentation data has to be devised. The creation of these systems and data bases will help clarify seemingly conflicting figures or reports by taking into consideration factors such as geographical region, type of disabling conditions, age levels, service options, and so forth. Similarly, efforts to implement reform (e.g., detracking endeavors) ought to be monitored systematically to allow policymakers and educational planners to make informed decisions." (p. 431)

Annotated Literature Abstract

Citation

Gersten, R., & Woodward, J. (1994). The language-minority student in special education: Issues, trends, and paradoxes. Exceptional Children, 60, 310-322.

Abstract

The authors examine the problems associated with referral and instruction of language-minority students in special education. Solutions to the problems of overrepresentation and underrepresentation of language-minority students in special education include understanding bilingual education models and improving effective instructional practices in special education. The authors conclude that collaboration among special education, bilingual education, and general education is needed.

Key Points and Quotes

1. Researchers believe that different models of bilingual instruction can be effective with language-minority students. However, the quality of instruction may play a more important role in teaching language-minority students.

"In a large recent study, Ramirez (1992) also found no significant differences in achievement or levels of academic engagement among students taught with three different bilingual approaches: structured immersion, a native-language-emphasis bilingual approach, and an 'early-exit' bilingual approach (where students had only 2 years of native-language instruction)." (p. 315)

"Overall, it appears that the type of bilingual model selected is less important than the quality of instruction provided (Gersten, 1991; Reyes, 1992; Tikunoff, 1985)." (p. 316)

2. Special educators serving language-minority students should include multiple methods of instruction.

". . .Figueroa et al. (1989) concluded that one of the major flaws in current special education services to students from language-minority groups is the lack of integration between the remedial programs provided by special educators and the students' instructional program in the regular classroom." (p. 317)

"A major concern among bilingual educators is that the task-analytic, skill-building approach used in many special education programs is both functionally and philosophically incompatible with the natural-language (often called 'whole language') approach increasingly used in mainstream classrooms serving students from language-minority groups (Au & Scheu, 1989; Cummins, 1989)." (p. 317)

3. Three areas of instructional practices that are effective for language-minority students in special education include interesting reading materials, comprehensible input, and expressing ideas in new language.

"When students were given an abundance of high-interest story books in English, their progress in reading and listening comprehension increased at almost twice the normal rate." (p. 318)

"Ensuring that students understand the concepts that the teacher attempts to convey involves intentional use of redundancy, more frequent checks for student comprehension, and the use of physical gestures and visual cues. Teachers should try to explain ideas or concepts several times using slight variations in terminology and examples." (p. 318)

"...students from language-minority groups must be pushed to move from learning and producing limited work translations and fragmented concepts, to using longer sentences and expressing more complex ideas and feelings (Barrera, 1984; Gersten, 1993)." (p. 319)

Model Profile

Several models of serving minority students with disabilities have been described in the literature (Friedenberg & Izzo, 1993; Hainsworth, 1993; Ortiz, 1991a). One model that addresses the issues of prereferral, assessment, and intervention of language-minority students was developed at the University of Texas (Ortiz, 1991a, 1991b; Ortiz & Wilkerson, 1991). The Assessment and Intervention Model for the Bilingual Exceptional Student (AIM for the BESt) model is a comprehensive service delivery model that was pilot-tested in four elementary schools in central Texas. Two of the schools served as intervention sites and two served as comparison or control sites.

Steps and Features of AIM for the BESt

Step 1: The regular classroom teacher uses instructional strategies known to be effective for language-minority students. The project staff trained general, bilingual, and special education teachers on using a reciprocal interaction approach to oral and written communication that emphasized higher-order thinking and problem solving. In particular, the teachers were introduced to the Shared Literature and Graves Writing approaches.

Step 2: When a student experiences difficulty, the teacher attempts to resolve the difficulty and validates the problem. The project staff trained the teachers in diagnostic/prescriptive approaches that included sequencing instruction by observing and analyzing student performance to design instructional programs; implementing the program; monitoring the progress; and redesigning instruction as necessary.

Step 3: If the problem is not resolved, the teacher requests assistance from a school-based problem-solving team. The project staff, teachers, and support personnel formed cooperative teams to assist teachers with student-related problems by developing interventions and follow-up plans to resolve the difficulties.

Step 4: If the problem is not resolved by the school-based problem-solving team, a special education referral is initiated. The team's records describing the intervention plans from Step 3 accompanied the referral for special education services. The records were beneficial in assisting the referral team in designing appropriate evaluations and making recommendations.

Step 5: Assessment personnel incorporate informal assessment procedures into the comprehensive individual assessment. Project staff trained personnel in using alternative assessment instruments and strategies to support standardized testing. In particular, curriculum-based assessments in both the native language and English were used with the students.

Step 6: If the child had a disability, special educators used instructional strategies known to be effective for language-minority students. Project staff trained special education teachers in using the reciprocal interactive strategies for instruction. The holistic strategies described in Step 1 also included encouraging expression of students' experiences, language background, and interests to foster success and pride, and peer collaboration and peer approval.

Effectiveness of AIM for the BESt

Overall, the project was a success in producing positive teacher and student outcomes. After training in using the model, the intervention teachers were operating at a higher stage of concern (as measured by the Stages of Concern Questionnaire) on the Share Literature and Graves Writing approaches than when they started the project. The teachers in the comparison group who did not receive the workshops were operating at the lower stages of concern throughout the project. An interesting obstacle to the reciprocal interactive approaches emerged. Intervention teachers were reluctant to replace the standard language and curriculum with the new strategies because the State of Texas had a mandated curriculum and achievement tests were based on the state's skill-specific curriculum.

Teachers expressed positive feelings about the project, reporting that they felt "more energized, enthused, and involved in literature activities" (p. 50). Furthermore, intervention teachers perceived their students to be better writers than did teachers in the comparison schools.

On student outcomes, Ortiz (1991a) noted that intervention students achieved higher scores on English vocabulary (as measured by the Peabody Picture Vocabulary Test) and writing samples than did the students in the comparison group.

Lastly, and perhaps more importantly, **the AIM for the BESt model successfully reduced the referral of language-minority students to special education.** "Of the 100 requests for assistance which occurred over the two-year period, 73 percent were resolved by the regular classroom teacher and/or by using alternatives such as participation in support groups or referral to external agencies for counseling. In contrast, 70-90 percent of the referrals to special education committees result in special education placements (Reynolds, 1984)" (p. 52). The authors concluded that the AIM for the BESt model was more cost-effective than placing a student in special education and gave language-minority students a greater chance at achieving their full potential in the least restrictive environment without the stigma associated with a disability label.

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COLLABORATION

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Abstract

1. Collaboration among parents and school personnel enables people with diverse expertise to generate superior solutions to meeting the needs of students. Embedded within the education mandate of IDEA is the acknowledgment that school personnel must collaborate with one another and families to meet students' unique needs.

2. Students can be effectively served when teachers collaborate to generate instructional strategies. Collaborators can expect improvements at three levels (changes in systems, changes in the skills, attitudes, and behaviors of adult collaborators, and changes in students' academic and social skills).

3. Promising practices are (a) higher education teacher preparation programs and local in-service training agenda that impart a common conceptual framework, language, and set of technical skills; (b) school restructuring initiatives that promote shared decision making among staff, community members, and students; and (c) school restructuring efforts where leadership advances collaboration and perseveres through the conflict, resistance, and turmoil.

4. The four most common explanations for the failure of schools to successfully respond to the increasing diversity of the student population and prepare students to function as full members of society are; (a) inadequate teacher preparation; (b) inappropriate organizational structures, policies, and procedures; (c) lack of attention to the cultural aspects of schooling and (d) poor leadership.

5. Congress should (a) amend students' rights under Part B and Part H to include collaboration of students in their own Individual Education Plans (IEPs), (b)

regularly conduct oversight hearings to determine causes and remedies for over- and underrepresentation of culturally and linguistically diverse students in special education, and (c) prioritize funding for personnel preparation and clearinghouses focusing on collaboration training.

6. OSEP should (a) fund research to investigate outcomes of collaborative teaming processes and (b) fund teacher preparation programs and technical assistance projects with collaboration as a keystone.

7. State and local education agencies should (a) support school restructuring activities specifically designed to increase collaboration among parents and educators, (b) provide incentives for school districts that implement creative means for structuring time for collaborative activities, (c) in the Comprehensive System for Personnel Development provide certification credit and explicit training strands that focus upon collaboration, and (d) include collaboration competencies in certification, endorsement, and licensure processes.

1. What outcomes signify successful implementation of the topical issue?

Collaboration is an interactive process among parents and school personnel that enables people with diverse expertise to generate creative solutions to mutually defined problems, namely, meeting students' needs. Collaboration is characterized by the following basic elements (Idol, Nevin, & Paolucci-Whitcomb, 1994; Nevin, Thousand, Paolucci-Whitcomb, & Villa, 1990):

- group members agree to view all members, including students, as possessing unique and needed expertise;
- group members engage in frequent face-to-face interaction;
- group members distribute leadership responsibilities and hold each other accountable for agreed upon commitments;
- group members understand the importance of reciprocity;
- group members emphasize both task completion and relationship building; and
- group members agree to consciously practice and increase their social interaction and task achievement skills.

Embedded within IDEA is an acknowledgment that educational personnel must collaborate with one another and families if they are to meet students' unique needs and students' rights to free appropriate public education in the least restrictive environment.

From the emerging evidence on school-based collaboration, at least three conclusions can be formed with respect to the achievement of this and associated outcomes. First, students can be effectively served when teachers collaborate to generate and merge instructional strategies and accommodation ideas. Second, school personnel can acquire the disposition, knowledge, and skills to collaborate with each other; and the solutions they collaboratively generate to solve educational challenges are enhanced from the original solutions that they produce independently. Third, collaborators can expect positive changes at three levels–(a) changes in schooling systems (e.g., more team teaching among general and special educators); (b) changes in the skills, attitudes, and behaviors of adult collaborators; and (c) changes in students' academic and social skills.

2. To what extent have these outcomes been achieved in the last five years?

Collaboration has been applied to student service configurations such as multidisciplinary or child study teams, service delivery options such as teaching teams, and school-based management practices such as staff development and curriculum planning teams. Although collaboration is not yet the norm in many schools, when it has been applied, it has resulted in improved functioning of school-based teams such as teacher assistance, instructional support, and teaching teams (e.g., Chalfant & Pysh, 1989; Thousand & Villa, 1990; Vermont State Department of Education, 1993, 1994). Recently collaboration has been studied at the preschool level (Peck, Killen, & Baumgart, 1989), elementary school level (Givens-Ogle, Christ, & Idol, 1991; Saver & Downes, 1991; Sumner Elementary School Staff, 1991), secondary school level (Florida Department of Education, 1989, 1990; Kohler, 1993), adult level (Cross & Villa, 1992; Lutkemeier, 1991; Thousand, Villa, Meyers, & Nevin, 1994), and district or statewide systems level (Chapple, 1994; Vermont State Department of Education, 1993, 1994).

Preschool and School-Aged Outcomes

At the preschool level, Peck et al. (1989) found improved student outcomes and increased teacher confidence and willingness to implement Individual Education Plans. At the elementary level, Saver & Downes (1991) studied the outcomes of a Peer Intervention Team that collaboratively generated solutions for teacher-identified instructional problems in a K-6 elementary school. Action plans generated by the team were found to result in fewer, more appropriate referrals for special education placement. When staff members of the Sumner Elementary School in Portland, Oregon, were reorganized into teaching teams and provided with time to meet and plan weekly in their collaborative teams, all students were effectively mainstreamed (Sumner Elementary School, 1991). Givens-Ogle et al. (1991) reported the outcomes resulting from the collaboration of 13 resource specialists in a California school district. Their collaboration resulted in specialized reading and behavior instruction being provided to students in resource rooms and in general education classrooms grades K-6. As a result, 29 students were mainstreamed back into general education reading classes, seven students became ready to be returned, and nine students were dismissed from the special education program and reinstated as general education students. Few studies have been conducted at the secondary level, but those conducted by the Florida Department of Education (1989, 1990) indicated that collaboration improved communication among general and special educators and enabled special education students who were placed in general education to maintain their performance. Finally, a review of 49 studies regarding the transition of youth with disabilities from school to adult life found collaboration with parents and among agencies to be the only factor other than employment training associated with positive post-school student outcomes (Kohler, 1993).

Outcomes for Professionals

For professionals, participation in collaborative processes results in increased competence and a willingness to collaborate with others. For example, Cross and Villa (1992) reported that 43 percent of the general and special education staff of a K-12 Vermont school district attributed their increased competence to teach special education students (including students with severe disabilities) in regular classes to the collaborative processes used to develop, implement, and monitor students' programs. Lutkemeier (1991) reported that 70 to 85 percent of the general education staff surveyed from an Arizona elementary school district supported district-wide implementation of a collaborative model to assist them in meeting the needs of special education students. In a study of the attitudes of over 600 general and special educators and administrators from six states (Arizona, Illinois, Iowa, Michigan, New York, and Vermont) and one Canadian province (Ontario), Thousand et al. (1994) found that the education of children with disabilities in general education classrooms demands and/or results in role release through a collaborative planning, teaching, and evaluation process. The vast majority of regular and special educators surveyed believed that special education students can have their academic and social goals met in general education classrooms, that they have a shared responsibility for meeting the needs of all students, and that through collaborative processes they acquire new instructional skills.

System-Wide and Statewide Change Outcomes

Collaborative processes can facilitate system-wide and statewide change. Chapple (1994) reported on the outcomes of implementing pilot district-wide programs to serve Ohio special education students in more inclusive settings. Students made significant increases in the attainment of academic as well as social IEP objectives, with the greatest gains being made by students with multiple disabilities. Students also made significant gains in the areas of reading and math. Moreover, there were positive responses from teachers, parents, and administrators. Parents emphasized that their children had learned more, felt better about themselves, and were able to make and keep new friends. Teachers identified staff development as critical to success of inclusion and they said that the areas most critical to the success of inclusion involved collaborative processes (i.e., collaborative teaming, team teaching, problem-solving, decision making, and cooperative learning).

Polsgrove, Skiba, and Jackman (1994) reported on system-wide changes for a city and county (Indianapolis Schools and Marion County) which required collaboration between schools and other agencies in order to improve the delivery of educational and social services to students with serious emotional disturbance and their families. In addition to cost effectiveness, case studies of individual students showed improvements in academic and social skills. Other changes included increased involvement of families in the day-to-day school activities, curriculum and staff development reforms, and installation of teacher support teams.

An example of statewide impact of collaboration comes from Vermont, the state that leads the nation in the inclusion of children with disabilities in general education, with 83 percent of those children being educated in general classrooms as opposed to just 36 percent nationwide. In 1990, Vermont Act 230 declared as state policy that each local school district collaborate with parents to create a local comprehensive system of education services to ensure, to the maximum extent possible, that all students succeed in general education classrooms. To implement this policy, 1 percent of the total state special education budget was dedicated to training teachers and administrators in strategies for effectively collaborating to support students within general education and community settings. Each school was required to establish a collaborative team of educators (i.e., an Instructional Support Team) to help colleagues avoid special education referrals through the team's provision of advice and additional classroom support. The documented cumulative effects of Act 230 (Vermont Department of Education, 1993, 1994) include the following:

- In contrast to the situation in other states, in Vermont the number of students identified for special education decreased by over 17 percent from 1990 to 1994.
- Student performance, behavior, and social engagement has not diminished.
- All schools in Vermont have some variation of an Instructional Support Team that overall has been judged effective in supporting teachers to avoid special education referrals through the development of the collaborative problem-solving skills of staff.

- Many schools have restructured to integrate special education and other remedial services into the general classroom. This effort has increased educators' flexibility to collaborate so as to use team teaching, cooperative learning, and integrated curriculum approaches.
- Every school has used state funds to expand professional development for all staff in areas such as collaboration, technology, integrated curriculum, discipline systems that teach responsibility, and crisis-prevention management.

3. What educational models/procedures are most effective for achieving these outcomes?

Educational models and procedures likely to be effective for achieving IDEA outcomes (appropriate education in the least restrictive environment) through collaboration are (a) institutions of higher education teacher preparation programs and local in-service training agenda that impart to all of the people who work for and with schools a common conceptual framework, language, and set of technical skills with regard to collaboration; (b) school restructuring initiatives that promote shared decision making among staff, community members, and students as the collaborative ethic and skills are imparted to and practiced by all members of the school community; and (c) school restructuring efforts whose leadership recognizes the resistance to a change from a culture of isolation to a culture of collaboration in a school and is willing and able to persevere through the conflict, resistance, and turmoil.

Teacher Preparation Imparting a Common Conceptual Framework, Language, and Technical Skills

School personnel need to acquire and share a common conceptual framework, language, and a set of technical skills that enable them to more ably respond to an increasingly diverse student body (Villa, 1989). With a common language or shared meaning, special and general educators and related service personnel then are able to discourse about students and strategies, something they are unable to do without common background and training experiences. Although few teacher education programs have collaborated across disciplines or restructured to create a unified educational training program, more and more this is being demanded by school leadership, so that entering professionals have shared meanings and can communicate and collaborate to implement practices that research, theory, and exemplary practice indicate will enable them to respond effectively to student differences.

Some schools have attempted to remediate the deficits of their faculty's preservice preparation (e.g., Cross & Villa, 1992; Villa, 1989). Staff development personnel facilitate comprehensive in-service training events that extend across several years, so that educators progress from acquisition to mastery of the most current collaborative, assessment, curricular, instructional, and disciplinary skills for effectively educating all of the children of their community.

School Restructuring for Shared Decision Making

Many schools have ineffective organizational policies, practices, and procedures that isolate and separate educational professionals (e.g., no or few professional days for staff to attend continuing education events, no time built into the school day or calendar for teachers to collaborate to determine and refine instruction, curriculum, and accommodations to ensure full participation of all students with and without disabilities; 43-minute class periods with teachers instructing in isolation of one another). This separation interferes with teacher effectiveness and students' attainment of desired academic and social outcomes (Villa & Thousand, 1992).

The most effective remedies to these organizational challenges create as part of the school culture, schedule, and mission both time and opportunities for formerly separated general, special, and other educational and community-based support staff to unite and collaborate in planning and teaching. These opportunities to practice collaboration enable the professionals to increase their problem-solving and instructional capacity and to model for their students the importance and methods of effectively collaborating. This is of critical importance; the world for which children must be prepared is a highly complex, information-rich society that will require them to value and collaborate with diverse people—an international community of diverse cultures, values, languages, skills, knowledge, and perceived abilities. Villa and Thousand (1992) suggest that teachers must demonstrate collaboration ethics and practices for students and extend collaboration opportunities to them by inviting students to join in and share (a) decision-making and self-advocacy responsibilities (e.g., join the school board, curriculum committee, discipline policy committee) and (b) instructional/learning responsibilities (e.g., students with and without disabilities learn along with the teachers the "language" and methods of instruction and serve as tutors, cooperative group learning team members, and co-teachers with adults in the classroom and community). Villa and Thousand describe how student-student and student-adult collaborative roles facilitate the attainment of student academic and social goals and empower them to practice the inquiry, advocacy, and collaborative skills for 21st century life—a major goal of IDEA.

Changing School Culture to a Collaborative Culture

To better implement IDEA's mandate, the culture of a school must be transformed to support collaborative problem-solving, planning, and teaching. To facilitate cultural change, school leadership must:

- develop and celebrate new "heroes," rituals, traditions, and symbols that value collaboration
- make available meaningful incentives to encourage staff to collaborate (e.g., scheduled time to meet and plan, training in collaboration, opportunities to observe experienced collaborators working together, and collaboration as a stated expectation in job descriptions, mission and policy statements)
- establish collaboration as a norm through job descriptions and job performance expectations so the message is clear that collaboration is an ongoing responsibility, not a voluntary act
- acknowledge that learning to collaborate is a developmental process that requires regular practice, ongoing training, and feedback opportunities built into the school calendar and day.

School personnel—leadership personnel in particular—must (a) become knowledgeable of the change process (Villa & Thousand, 1992); (b) develop conceptual, technical, and interpersonal skills necessary to facilitate and support people through the change process; and (c) have the courage to deal with the resistance they will encounter as a result of emotional turmoil and cognitive dissonance people typically experience when they go through any change.

4. What educational models/procedures most inhibit these outcomes?

Many school personnel committed to collaborating find the task complex and difficult. The four most common explanations for the failure of schools to respond to the increasing diversity of the student population and prepare students to function as full members of society are (a) inadequate teacher preparation; (b) inappropriate organizational structures, policies, and procedures; (c) lack of attention to the cultural aspects of schooling; and (d) poor leadership (see Villa & Thousand, 1992, for a synthesis of the literature).

Inadequate Teacher Preparation

A first barrier to effective collaboration in schools is the categorical approach to teacher preparation in higher education and the lack of curriculum focus on collaborative skills and ethics. In a national survey of teacher preparedness, Lyon, Vaassen, and Toomey (1989) found that 80 percent of teacher respondents indicated they were inadequately prepared to meet differing student needs. Clearly, colleges and universities share a major responsibility for inadequate preparation of teachers to both expect diversity in the classroom (e.g., the inclusion of children with disabilities in general education) and have the skills to respond to differing student learning styles, rates, and needs. Yet, colleges and universities continue to sort their teacher preparation candidates into categorical programs (e.g., special education, general education, gifted and talented, English as a Second Language) and prepare them to work with only certain types of learners. Collaborative decision-making practices rarely are explicitly taught at the university level.

Inappropriate Organizational Structures, Policies, and Procedures

Inappropriate organizational structures, policies, and procedures often are cited as a second set of reasons for the intractability of schools (Deal, 1987) and the consequent difficulty schools have implementing IDEA. Schools are compartmentalized organizations that thwart rather than promote collaboration and the coordination of resources, ideas, and actions.

Loss of Culture

A third reason often attributed to the failure of collaborative efforts is resistance to the loss of the familiar traditional "I work alone; my business is none of your business" culture of many schools, particularly secondary schools (Deal & Peterson, 1990). "When attachments to people or objects are broken...people experience a deep sense of loss and grief" (Deal, 1987, p.7). As a result, when change threatens the old culture, people (in this case, teachers, administrators, and students, alike) tend to dig in their heels and resist. A shift from an independent to an interdependent school culture requires energy, time, and education on the part of change agents.

Leaders Who Are Naive or Who Leave Prematurely

A final reason for school intractability with regard to collaborative practice and ethic as well as other innovations is that many change agents are naive and/or cowardly (Sarason, 1990). They are naive in that they fail to realize or acknowledge just how complex system change is or how long the process will take. At a minimum, it takes five to seven years for a change to filter through and become the norm in an organization. Leaders also are naive when they fail to link various change initiatives together (e.g., collaborative efforts such as collaborative teaming, interagency cooperation, transition planning) or communicate to others how these initiatives support the overall goals of the district (goals such as economic and social self-sufficiency, independent living, full inclusion and integration into society of all students of the community). Change agents are cowardly when they refuse to deal with the emotional turmoil and conflict that accompanies change initiatives or leave their positions of leadership before the change they have championed has taken hold (e.g., the average tenure of a principal or superintendent in the United States is just over three years).

5. Provide two or three specific recommendations for action by Congress.

Congress can ensure better implementation of free appropriate public education by (a) amending students' rights under Part B and Part H to include meaningful participation (collaboration) of students in their own IEPs; (b) regularly conducting oversight hearings to determine what OSEP and other federal agencies are doing to ensure the meaningful participation and collaboration of parents and professionals from culturally and linguistically diverse populations; and (c) amending IDEA Subchapter IV: Training Personnel to include grants in effective collaboration training for implementing IDEA for personnel training, state educational agencies, and clearinghouses. These actions will have an effect on federally funded activities.

Ensure and Increase the Meaningful Participation (Collaboration) of Students with Disabilities

Including students with disabilities in the decision-making process regarding their educational career is consistent with the empowerment philosophy of IDEA and extends parental rights to the children for whom the law is designed.

* Federal legislation should promote, even mandate, students' roles in the development and evaluation of their own Individual Education Programs and transition planning meetings.

Ensure and Increase the Meaningful Participation (Collaboration) of People from Ethnically and Linguistically Diverse Populations

Currently, there is both underrepresentation and overrepresentation of ethnically and linguistically diverse students in special education services. To avoid either, Congress must assure more meaningful participation and collaboration for people from ethnically and linguistically diverse populations (e.g., Harris & Nevin, 1993). Such collaboration should empower those with differing views about the definitions and methods of treating disabilities as suggested by Morsink, Thomas, and Correa (1991).

* Congress should conduct oversight hearings across the nation to determine (a) why there is overrepresentation and underrepresentation and the impact of this

phenomenon on students and their families; (b) what members of ethnically and linguistically diverse groups perceive as "appropriate supports and services" for their cultural and economic circumstances; and (c) how OSEP and other federal agencies can provide special educational services to eligible children and families in ways which respect and support their ethnic and linguistic differences while enabling students to achieve educational outcomes of priority to the child, family, and community.

Ensure Explicit Preparation of *All* Professionals in Collaborative Processes to Implement IDEA

Although there are several model undergraduate and graduate programs that ensure that public school personnel practice effective collaboration, federal legislation is needed to ensure timely and appropriate development of thoughtful responsive personnel preparation programs for collaboration.

- Congress should earmark federal teacher preparation grant funds to support the infusion of a collaborative ethic and skill development into the curriculum of teacher and other related services professional preparation programs. Congress should direct OSEP to fund preservice and in-service training initiatives that place collaboration at the heart of the curriculum.

6. Provide two or three specific recommendations concerning collaboration for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

There is a lack of agreement related to theoretical constructs, definitions, and measurement systems for preparing *all* educational professionals (i.e., general and special educators, administrators, counselors, speech professionals, and other related services personnel) to practice collaboration. There also is a compelling need for further approaches for determining collaborators' acquisition and application of relevant underlying knowledge bases, interpersonal communicative, interactive, and problem-solving skills, and intrapersonal attitudes. OSEP should fund research to investigate the application and outcomes of school-based collaboration and fund teacher preparation programs and technical assistance projects that have collaboration as a keystone.

Fund Research to Investigate the Integrity and Outcomes of Applying Collaborative Teaming Process

Research is needed to (a) define and refine best practice indicators of quality collaborative teaming processes for supporting students with disabilities in the LRE of public school; (b) examine the integrity of actual practice of collaboration principles in schools; and (c) identify and measure both student and professional growth outcome yields from the application of collaborative processes.

- **OSEP should establish a research agenda on school-based collaboration for the inclusion of students with disabilities in inclusive educational settings. Research** should include but not be limited to an examination of the exemplary characteristics and impact of various forms of collaboration (e.g., collaborative planning of individual students' programs; collaborative teaching among general and special educators and other related support services personnel, including students and community members in instruction, program evaluation, and planning) and the integrity of the actual practice of collaboration principles in schools attempting to provide an appropriate education in general education classrooms.

- OSEP should give priority to research proposals that are initiated by educational agencies and employ a Constituency-Oriented Research and Dissemination (CORD) process whereby school personnel, community members (including students), and researchers jointly identify the collaboration issues and collaborate throughout the entire research, dissemination, and implementation cycle.

Fund Teacher Preparation Programs and Technical Assistance Projects with Collaboration as the Centerpiece

Historically, programs preparing general and special education teachers and programs preparing related services personnel (e.g., speech and language pathologists, physical therapists, nurses) have been separated from one another at the undergraduate and graduate levels. They have not provided trainees with intensive training and experience to develop the necessary skills and dispositions to be effective collaborators in planning, teaching, and evaluating instruction that includes students with special education needs.

- OSEP should fund teacher preparation programs and programs preparing related services personnel that place strong emphasis on theory, practice, and experience in collaborative planning, teaching, and problem-solving processes. Special priority should be given to noncategorical preparation programs that merge professional training programs so that general, special, and related services personnel share common course work and practicum experiences.
- OSEP should establish a priority for in-service training that focuses upon in-place local school personnel, community members, and students acquiring and practicing collaborative planning, teaching, and evaluation skills for the purpose of achieving the objectives of IDEA.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies can (a) support school restructuring and reform activities that are specifically designed to increase collaborative planning, decision making, and problem-solving amongst parents of students with disabilities and educational personnel; (b) provide incentives for school districts that implement creative means for structuring time for collaborative activities; (c) require the Comprehensive System for Personnel Development to provide certification credit and explicit training strands that focus upon collaboration; and (d) include collaboration competencies in the certification, endorsement, and licensure processes and requirements for all educational and related services professionals.

Support School Restructuring/Reform to Increase Collaborative Planning, Decision Making

To address the deep conceptual shifts necessary to make the changes from a bureaucratic to a collaborative ethic, educators must have the opportunity to co-create or construct their beliefs and practices regarding collaboration (Ferguson & Ryan-Vincek, 1992; Harris, Nevin, & Peck, 1992). Schools that legitimate the process of engaging in collaborative teams notice that more inventions occur (Villa, Thousand, Paolucci-Whitcomb, & Nevin, 1990) when administrators make room for teachers to construct their "model" for collaboration and allow there to be multiple approaches to collaboration. Through this process, new questions (and answers) about how to actualize a collaborative ethic emerge: What are the purposes of collaboration? Who benefits? Who is trained? Who gets to participate and be empowered? What are organizational and staff development assumptions and needs? What is needed for accountability? What research methodologies and questions are needed to document effectiveness of collaboration?

* State education agencies should fund and arrange technical support for local school restructuring efforts that target increased collaborative planning, teaching, and evaluation among general and special education, all to ensure an appropriate education in general education and community settings. State education agencies should encourage schools to employ Constituency-Oriented

Research and Dissemination (CORD) to bring school personnel, community members (including students), and researchers together to jointly construct their conceptualization of collaboration, identify the collaboration questions, and collaborate throughout to answer those questions.

- State education agencies should work with Parent Training and Information Centers to assure that knowledge of and training in collaborative processes also are available to family members so they may more effectively participate as equal team members in determining the educational programs of their children.
- State education agencies should promote organizational restructuring reform through the promotion of legislation and regulation reform as was done through Vermont's Act 230 (see Question #2 for details and outcomes).

Provide Incentives for School Districts That Structure Time for Collaborative Activities

At the local level, decision makers who generate creative means to arrange released time for participating in collaborative activities, as well as ensuring the presence of additional staff, find that better programs for students with disabilities are provided.

- Local education agencies should identify teacher incentives for collaborative planning (e.g., regular full or half-day opportunities to collaborate; collaboration time built into the daily schedule).

Provide Certification Credit for Explicit Training for Collaboration to Implement IDEA in the Comprehensive System for Personnel Development

Indeed, the most compelling training is the actual participation and experiential learning that occurs when people with diverse expertise and opinions actually proceed through the collaborative problem-solving and decision-making processes. At the state and local levels, there is a need to create incentives and coordinate and streamline the myriad staff development activities so that general and special educators can participate together in collaboration training.

- State education agencies can require the Comprehensive System for Personnel Development (CSPD) to include explicit training for collaboration for all professionals who work in and for schools. The CSPD can schedule training so as to allow participants themselves to be collaboratively prepared rather than prepared separately in "discipline exclusive" groupings (e.g., special vs. general vs. compensatory; parent vs. school personnel; administrators vs. teachers; community vs. school staff).
- Local education agencies can include incentives such as recertification credits for school personnel who participate in collaboration training events and activities and host their own in-service agenda that highlights collaborative processes.

Reform Certification, Endorsement, and Licensure Systems to Include Collaboration Competencies

School personnel need to acquire a common conceptual framework, language, and set of technical skills. The competencies that empower school professionals to collaborate and communicate so as to implement practices that support an increasingly diverse student body are known (e.g., Villa, 1989); and Communication and Collaborative Partnerships was identified by the Council for Exceptional Children

Professional Standards and Practice Standing Committee as one of eight common core knowledge and skill areas essential for special education practitioners (Swan & Sirvis, 1992). Although teacher preparation programs have a responsibility to reorganize and require their teacher educators to model effective practices and standards, very few institutions of higher education actually provide comprehensive training in the collaboration competencies and skills required of 21st century educators. Significantly, the curricula of teacher preparation programs are guided by the requirements of state certification boards.

- State education certification boards and agencies should include a comprehensive set of collaboration competencies in the certification, endorsement, and licensure requirements and processes for all educational and related services professionals.

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Annotated Literature Abstract

Citation

Thousand, J., & Villa, R. (1992). Collaborative teams: A powerful tool in school restructuring. In R. Villa, J. Thousand, W. Stainback, & S. Stainback (Eds.), Restructuring for caring and effective education: An administrative guide to creating heterogeneous schools (pp. 73-108). Baltimore, MD: Paul H. Brookes.

Abstract

Human motivation theory and teacher empowerment and school restructuring research suggest that bringing together people with diverse expertise (i.e., classroom teachers, specialists, parents, administrators, students themselves) through a structured collaboration process is central to successfully educating children with and without disabilities together in general education settings. The chapter describes concrete strategies for promoting the five critical elements of an effective collaborative process, a teacher-generated format for conducting meetings, and a checklist for collaborators to use to assess the integrity of their collaboration.

Key Points and Quotes

1. Collaboration is critical to school reorganization and essential for meeting the needs of children with and without disabilities.

"Within the school restructuring movement, collaborative teams and teaming processes have come to be viewed as vehicles for inventing the solutions that traditional bureaucratic school structures have failed to conceptualize....Team structures bring together people of diverse backgrounds and interests so they may share knowledge and skills to generate new and novel methods for individualizing learning without the need for the current dual systems of general and special education....Collaborative teams enhance teachers' potential for survival and power in educating a diverse student body by creating opportunities for: 1) the regular exchange of needed resources, expertise, and technical assistance; and 2) professional growth through reciprocal peer coaching." (pp. 74-75)

2. There are demonstrated strategies to promote effective adult collaboration within schools.

"For both adults and children, groups perform best when the five elements that define the collaborative teaming process are in place...:

1. Face-to-face interaction among team members on a frequent basis
2. A mutual "we are all in this together" feeling of positive interdependence
3. A focus on the development of small group interpersonal skills...

4. Regular assessment and discussion of the team's functioning and setting of goals for improving relationships and more effectively accomplishing tasks

5. Individual accountability on each member's part for agreed-upon responsibilities and commitments during and outside of team meetings...

In observing and working with school-based teams across North America, the authors have discovered...a variety of strategies for ensuring that teams experience or practice each of the five elements." (pp. 76-77)

Annotated Literature Abstract

Citation

Givens-Ogle, L., Christ, B., & Idol, L. (1991). Collaborative consultation: The San Juan Unified School District Project. Journal of Educational and Psychological Consultation, 2(3), 267-284.

Abstract

In this field-based evaluation report of outcomes of the actual implementation of school consultation as a method of delivering special education services, the authors describe (a) the procedures necessary to bring about implementation of a collaborative consultation approach to providing resource services, (b) the 75-hour training program for the resource specialists in this California district that prepared them for the new collaborative roles, and (c) preliminary evaluation data on the progress of individual students and groups of elementary students who received specially designed reading instruction, and individual students who received specially designed interventions to increase appropriate social behaviors as a result of the collaboration between the resource specialists and general educators. Significantly, 29 special education students were included in their general education reading classes, seven students made enough progress to be deemed nearly ready to be returned to their general education reading classes, and nine students were totally dismissed from the special education programs and reinstated as general education students.

Key Points and Quotes

1. There is a need for re-training of special educators and general educators.

"Special education resource teachers were taught methods for (a) rapidly increasing the academic and social abilities of students, (b) collaboratively working with classroom teachers to help students transfer what they learned in resource rooms to general education settings, and (c) preventing resource room placement by collaboratively working with regular classroom teachers to instruct at-risk students in their usual classrooms. The model makes extensive use of curriculum-based assessment to place students in instructional materials. Instructionally, emphasis is placed on use of the principles of applied behavior analysis and data-based decision making." (p. 268). (See, for example, Idol, Nevin, & Paolucci-Whitcomb, 1994, for more details).

2. *Collaboration can occur spontaneously as a result of shared training events.*

"An unexpected and positive phenomenon occurred that increased the overall training time—the resource [teachers] evolved into a self-directed collaborative group. After basic training in curriculum-based assessment, data-based instruction and applied behavior analysis, they spent a portion of each weekly meeting sharing data collected on their students' performance, discussing interventions, and problem solving as a group." (p. 273)[1]

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[1] Idol, L., Nevin, A., & Paolucci-Whitcomb, P. (1994). Collaborative consultation (2nd ed.). Austin, TX: Pro-Ed.

Model Profile

A best-practice model of collaboration is being implemented at Swanton (Vermont) Elementary School (SES) in the Franklin Northwest Supervisory Union (FNWSU), which is a collection of five independent school districts in rural northwestern Vermont. SES is a school of 630 children, 45 percent of whom are eligible for free, reduced lunch; 20 percent of whom are of Native American Abnaki descent; and 9 percent of whom have been assessed and found eligible for special education. The school community (located in two adjacent buildings) is divided into four subgroups or "houses." Each house serves approximately 155 students in multi-aged combinations (i.e., K-2nd grade; 2nd-4th grade, 4th-6th grade, 5th and 6th grade). Classrooms in houses are interconnected and share a large common area onto which all classrooms open. This is a deliberate physical plant design feature, allowing teachers and students to access an additional space that could replace a separate resource room outside of the classroom area. Each house is staffed by six to seven teachers, one special educator who supports teachers through team teaching and consultation, and up to three or four paraprofessionals. Each building has a community room that promotes home-school-community collaboration; the room is used at all hours of the day and evening for adult basic education classes, play groups, health clinics, and parent or community meetings.

The house model of collaboration was introduced in 1992 because of the school's strong inclusive educational philosophy, as reflected in the school's mission statement that characterizes its children and adults as "a caring, responsible, respectful community of learners." The school's special education coordinator said that this mission deliberately avoids the use of language such as "collaboration" and "all learners" because both are understood "givens" that are implicit in all that teachers and students do (Quinn Malgeri, 1994). A major benefit of the collaborative house model is it allows for a high adult/student ratio. House members have common lunch and team preparation times and are joined weekly by support services personnel; this arrangement affords team members multiple opportunities to meet and jointly plan lessons and develop accommodations for any student, whether or not the student is eligible for special services. One unique collaborative practice of the school is that each teacher has one or two self-selected professional "peer buddies" with whom they plan, problem-solve, and provide social and emotional support; a second is that the performance evaluation for general educators and the job description of support personnel assess and require collaboration as a primary profession responsibility.

In SES, children with IEPs whose needs demand complex planning are supported by a "core" collaborative team that meets regularly. A core team typically consists of the classroom teacher, special educator, sometimes a paraprofessional, and the parent (or parent surrogate) of the student. Other team members (i.e., outside consultants such as occupational therapists, physical therapists, physicians) are accessed as needed. Because all children are included in general education classrooms, not only do support personnel (specialists and so on) become collaborative learning/teaching partners, but so do students. Opportunities are provided for language and social skill development that cannot occur in segregated educational settings. In addition, higher expectations set by peers and adults create the norm for social skill and language development, which in turn sets the stage for future growth, thus increasing the likelihood that students with disabilities will become "contributing adults."

Furney and Hasazi (1994) observed classes and interviewed support services specialists, teachers, paraprofessionals, administrators, students, and community service providers. They found that the school climate at SES was "clearly reflective of a school that valued each of its learners, believed in team work, ... [where] students of all abilities, shapes, and sizes worked and played together regularly in classrooms and on the playground" (p. 10). For example, Josie (a pseudonym) is a student with autism who is in third grade with other learners. Josie's core collaborators include his third grade teacher, a paraprofessional, a support services specialist, an administrator, and his parents. Occasionally other people are included as needed (e.g., the facilitated communication consultant who helped Josie's classmates learn how to provide facilitated communication). Josie's team set up an interagency agreement to provide respite services and therapeutic case management, with a representative from the Community Mental Health System in the oversight role for Josie's after-school needs. Josie and his classmates talk with each other by successfully and appropriately using the computer. Norms for Josie's behavior have been developed by the collaborative team and include the agreement to not intervene too soon and to hold Josie accountable to the same rules as his classmates.

The faculty and staff of SES have had multiple opportunities for professional development and readily solicit collaboration from outside community and university resources. As reported by Furney and Hasazi (1994, p. 18), one teacher remarked, "Training has always been given to us no matter when we've needed it. Especially if a problem comes up, even before the problem comes up, she'll (the principal) say, 'Well, let's get this agency in here. Let's access this, and let's access that.'" The staff's capacity to provide appropriate, individualized instruction has been built through university course work being offered on the SES campus, action research participation with the Northeast Regional Laboratory for Educational Research, state and federal demonstration grants, intensive topical workshops such as Crisis Prevention Management, and the linkage of teachers' professional development plans with school task force activities (which this year focused on issues of literacy, student responsibility, middle school education, and technology).

Since 1983, SES, central office administration, and the school board have joined forces to transform the formerly segregated provision of special education to a comprehensive school and community-wide inclusion-oriented model (for a brief history, see Schattman, 1992). Parents of children with and without disabilities have been schooled in the importance of *all* children enjoying meaningful educational opportunities within their home communities. To illustrate, one parent of a child with disabilities remarked, "He's at a place where everybody is bonded and they are all working for him. If something comes up and there is a question he always has somebody there that is going to pull for him. It's not just me, it's not me alone...I have all these other people....That's the biggest thing is the kids' needs are first." A teacher echoed this sentiment, saying, "The biggest thing that didn't hit me until last year is we don't wave goodbye to part of our population in the mornings anymore...We used to have children who were shipped to (another town) for special education...we don't do that anymore" (Furney and Hasazi, 1994, p. 5).

In summary, collaboration seems to be the cornerstone to the success of these efforts. Teachers, paraprofessionals, administrators, and parents alike name teaming and collaboration as a key element in the success of their work with children who are challenging to educate. For example, a surrogate parent remarked, "What I see is a team here. When we have our IEP meetings, the principal has been here, a person from Chapter I, the reading specialist, the math specialist, and her teacher are always here. Her parents have been invited and welcomed....So we can really work together." A paraprofessional stated, "Over the...years my role has evolved so that I've gotten more into the classroom and [am] collaborating with teachers....We've gone from pull-out to collaboration" (Furney & Hasazi, 1994, p. 6).

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PARENT-PROFESSIONAL PARTICIPATION

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Abstract

1. Parent-Professional Partnerships are a vital component of IDEA. IDEA requires parental participation in assessment, the development of the Individualized Education Plan (IEP), and the monitoring of the student's right to appropriate educational programs and services.

2. IDEA provisions for parent-professional partnerships have not been realized for many families. Barriers such as lack of understanding, mistrust, a decrease in services as the child ages, and limited coordination of services create frustrations for families and professionals.

3. Promising approaches for achieving successful parent-professional partnerships include (a) clarifying the mission of Parent Training and Information Centers (PTICs), (b) ensuring greater flexibility for parents when scheduling IEP meetings, and (c) improving professional development for practicing professionals, those in training, and parents of children with disabilities.

4. Barriers include (a) scheduling IEP meetings at times and places inconvenient for families, (b) inadequate preparation of professionals to work with families, (c) failure to use mediation effectively, and (d) lack of policy to require continuation of the Individualized Family Services Plan (IFSP) into early childhood and later years of the child's education.

5. Recommendations to Congress for strengthening the IDEA include (a) conduct oversight hearings on the parent-professional partnership aspects of the Act, (b) extend IEP requirements to incorporate specific elements of IFSP as provided for infants and toddlers, and (c) extend the role of Parent Training and Information Centers.

6. OSERS should (a) establish a clear imperative in professional education on parent/family issues, (b) fund specific research activities on strengthening parent-professional partnerships, and (c) fund demonstrations on strategies to creatively

and proactively solve parent-professional disagreements prior to using the due process hearing mechanism.

7. State educational agencies should improve implementation of IDEA around parent-professional partnerships by (a) providing education to professionals and parents, (b) allowing for greater experimentation in regulations concerning IEP meetings, and (c) allocating funds to the PTICs.

1. What outcomes signify implementation of the topical issue?

IDEA provides for and encourages parental participation in the education of children with disabilities. This federal guarantee is one of the fundamental provisions that has helped to reshape and improve special education services (Turnbull & Turnbull, 1990). Part B specifically requires parent participation in assessment, the development of the Individualized Education Plan (IEP), and the monitoring of the student's rights to appropriate educational programs and services. Part H extends the parent-professional partnership for infants and toddlers with disabilities via the development of Individualized Family Services Plans (IFSP) to coordinate the array of services, plan for transition, support the family, and build a foundation for cooperative efforts between parents and professionals.

One of the pillars on which IDEA is founded is the value of parental participation in the special education program. Since its inception, IDEA has created a comprehensive scheme for parent-professional partnership throughout the educational decision-making process, culminating in the due process complaint and hearing process when school personnel and parents fail to agree. However well intended, IDEA established a paradox for parent-professional partnership. On the one hand, IDEA asks parents to serve as collaborative team members with professionals through informal and formal mechanisms. On the other hand, it clearly establishes the parents as the watch dogs for the child's educational rights. Although parents are not the sole overseers of IDEA's implementation, they are on the frontline of daily practice. Therefore, if problems arise, they, and they alone, are likely to identify these problems and take action to seek remedy. Although IDEA's provisions on parental participation have ultimately strengthened the student's rights, it is this paradox of collaborator versus watchdog that results in problems with implementation. This dilemma is a pivotal point for this topic area and should be addressed in the next reauthorization of IDEA.

Outcomes to Signify Successful Implementation

In spirit and by its explicit terms, IDEA facilitates a strong and productive parent-professional partnership. Explicit in the Act is the concept that parents should be and have the right to be active participants in all aspects of their child's education and that their participation will better ensure the outcomes inherent in IDEA.

The outcomes that signify successful implementation of IDEA include:

- School personnel who welcome and encourage parents and family members to be active participants in their child's education;
- Parents who are active and participatory as well as knowledgeable about their child's disability and the provisions of IDEA;
- Special education personnel who are sensitive to the cultural and ethnic differences among parents and who seek to accommodate these differences in building partnerships;
- A national force of special education professionals who have an appreciation for the demands placed upon parents and the value of their unique contributions to education and have specific skills to work with parents as partners;

- A system to fairly and quickly resolve problems between parents and professionals that is based upon mutual understanding, trust and respect; and
- Respect for the parents' role in safeguarding the child's rights to an appropriate education.

If these outcomes become reality, there should be a decrease in the due process hearings and litigation between families and school districts. For the spirit of IDEA to come alive in local schools, professionals need to understand that parents have the larger stake in special education programs. Their investment is large and they have unique and powerful contributions to enable the provision of appropriate education. Likewise, parents will need to know the law, understand and respect professionals, and how to advocate in a proactive, strong, and effective manner.

2. To what extent have these outcomes been achieved in the last five years?

IDEA's provisions for parent-professional partnership are far from a reality for many families. True parent-professional partnerships seem to be atypical. In too many cases schools remain impregnable, mysterious places into which parents are allowed to venture for prescribed activities and sometimes only because of existing federal and state mandates. In many schools parents are still viewed as uninvited guests whose participation is required, not welcomed. Some professionals still see parents as the focus for blame, rather than as vital contributors to their child's education. Parents still report frustration when dealing with schools and the array of professionals (Giangreco, Cloninger, Mueller, Yuan, & Ashworth, 1991). Some parents view professionals as a barrier to an appropriate education who must be forced to comply with the provisions of IDEA. Due process hearings and litigation, while needed in some cases, erode the parent-professional partnership by contributing to an adversarial spirit rather than one of cooperation and collaboration.

The focal point for parent-professional partnership is the IEP meeting. Unfortunately, several studies note that less than 50 percent of parents attend IEP meetings (Lytle, 1992; Singer & Butler, 1992; Sontag & Schacht, 1994). Often meetings are scheduled at times and places inconvenient to parents, interfering with parent participation and placing further burden and stress on many families. One mother recently expressed concern that the IEP meetings are always scheduled at 2 P.M. when she is at work. She leaves work, losing her hourly wage, and comes to a meeting where all the professionals are being paid at rates much higher than what she is losing. She is typically asked to listen to well-meaning professionals who have no idea of the stress and frustration she feels. She notes that the IEP meetings do not help her, but she suffers severe criticism if she does not attend (V. Johnson, personal communication, November 17, 1994). Unfortunately, the experience expressed by this mother seems to be the norm rather than the exception.

As the American family changes, there has not been a concentrated effort to understand the cultural factors involved in supporting parents from minority cultures and those of low socioeconomic status to become fully involved in the special education process (see Harry, 1992a, 1992b, 1992c). While these parents have much to offer, culturally insensitive approaches to parent-professional partnerships leave them frustrated, confused, and vulnerable rather than empowered. Many of these families simply do not get involved in special education programs (Harry, 1992b; Lytle, 1992; Sontag & Schacht, 1994).

In some schools parental involvement is misunderstood and is seen as just another hoop to jump through to meet the requirements of the law. Smith (1990) noted that some professionals see parents merely as recipients of information and that parents are perceived by professionals as passive participants as opposed to collaborative team members. In some cases special educators tolerate parents but do not see the value of parental involvement (Gerber, Banbury, Miller, & Griffin, 1986).

In IDEA's last reauthorization, Congress recognized that parents of infants and toddlers need a coordinated system of services to enhance the child's education and strengthen the parent-professional partnership. Unfortunately, many families still find that community services are fragmented or simply do not exist (Bailey & McWilliam, 1993). Experience tells us that as children age, the need for coordinated community services becomes more intense. Yet with the current arrangement, the comprehensive service coordination provision disappears as the child matures.

It is safe to say that there is a great need for more of a coordinated and strong effort to see true parent-professional partnerships become a reality in special education programs.

3. *What educational models/procedures are most effective for achieving these outcomes?*

Several practices in special education hold the promise of achieving outcomes related to true parent-professional partnerships.

Parent Training and Information Centers

Each state and many territories have one or more federally funded Parent Training and Information Centers (PTICs) aimed at providing education on IDEA to parents and family members (Ziegler, 1992). These PTICs enjoy a strong national reputation for providing meaningful education for parents as well as effective advocacy and problem-solving. These Centers, all private entities, are headed by parents and controlled by boards who are predominantly parents of children with disabilities. In some cases PTICs have made a substantial effort to work closely with higher education in the preparation of education professionals (e.g., Parents Let's Unite for Kids in Montana has secured special resources to work with university faculty on preservice initiatives and provide courses on family issues).

These Centers have been initially effective. However, the enormity of the PTICs' task requires more substantial federal effort and resources. Some school professionals report that the mission of these PTICs is unclear. Sometimes the PTIC is viewed as adversarial to school personnel rather than a support to help them with their obligations to provide information and education to parents. In remote areas of our country, parents have problems accessing the services of PTICs.

Restructuring Team Meetings

Over the last five years, there have been a number of specific efforts to restructure how parents and professionals interact to enable more effective parental involvement in the special education process. These efforts have focused on a redesign of how team meetings are conducted to emphasize mutual respect and understanding (Giangreco, 1990; Strickland & Turnbull, 1990; Turnbull, Turbiville, Jones, & Lee, 1992). In related work, team meetings have focused on proactive methods to involve parents with strategies to build social relationships and positive personal futures for their children with disabilities (Mount, 1994; Vandercook, York, & Forest, 1989). Additionally, there is now a greater recognition for the need to encourage partnerships with parents who come from ethnic and socioeconomic groups outside of the mainstream (Harry, 1992a, 1992b, 1992c). These family-friendly meetings, scheduled during evening and weekend hours and at places convenient to families, hold great promise for fostering the type of parent-professional collaboration called for by IDEA.

Professional Development

There is a growing recognition that professional preparation in the area of parent-professional collaboration is needed to accomplish the outcomes of IDEA (Bailey, 1989; Fox & Williams, 1992; Hilton & Henderson, 1993). The past decade has witnessed more professional preparation to enhance parent-professional collaboration, although much of the new course work for preservice professionals is still optional (Brusca & Montemurro, 1994). In some quarters the education of professionals is including more work with families to provide a pragmatic understanding and skills in fostering a true partnership with parents (Bailey, Simeonsson, Yoder, & Huntington, 1990; Dunst, Trivette, & Deal, 1988). Williams, Christie, Bakeman, Dennis, and Edelman (1994) describe a family-centered approach to preparing professionals that directly involves parents and individuals with disabilities in the course design and delivery. These efforts at the front-end of service delivery should help ensure that new professionals are adequately prepared to encourage and support parents in special education programs.

4. What educational models/procedures most inhibit these outcomes?

First, while IDEA is specific in its requirements that IEP meetings be established at times and places that are convenient for parents, this is far from the rule. The original intent has not kept pace with the changing demographics of families. The two-parent family, where the mother is available during the day to meet with professionals, is not a reality today. An increasing number of families struggle, regardless of the family structure. When team meetings to develop the IEP are scheduled during the traditional work day of schools, parents who wish to participate are faced with untenable choices. They can choose to participate and lose needed financial support or remain at work and be seen as uncooperative and uninvolved. To remedy this problem there needs to be greater enforcement of the provision calling for meetings scheduled at times and places convenient to parents.

Second, many professional programs require little or no preparation in the area of working with families (Fox & Williams, 1992; Hilton & Henderson, 1993). It is doubtful that there will be an improvement in parent-professional partnerships without a substantial effort to prepare new professionals to work effectively with parents and provide continuing education to professionals on the importance of parent-professional partnerships. While good practice indicates that professionals need education to help them work with families, without a clear mandate it is not likely that professional preparation programs will provide this needed training.

Third, use of mediations, allowed under IDEA to resolve disagreements between parents and professionals, has not been implemented to any significant degree. While the value of the mediation process has been described (Cutler, 1993; Turnbull & Turnbull, 1990), some may see this as a tactic to delay resolution of problems or as a way of weakening parental rights to due process. It seems that the mediation process may hold promise to help parents and professionals find solutions to problems without eroding trust and respect for each other. Without some clear preference for mediation and supporting models, parents and professionals will continue to use due process hearings to resolve problems, often resulting in mistrust and hard feelings that last for years.

Fourth, the value and promise of IFSPs in early childhood programs comes to a halt in elementary years. Many families experience the same or increased needs as the child ages, but IDEA does not call for the development of IFSPs for elementary school-aged children and their families. IDEA teaches families early on to rely on a certain level of service coordination and family support; yet just when they may need it the most, IDEA allows the service to be removed. This abrupt halt to services in the IFSP may unwittingly set up parents to mistrust professionals in the elementary school and see them as less caring and concerned than the early childhood professionals.

5. Provide two or three specific recommendations for action by Congress.

Congress should and must take action to strengthen the parent-professional partnership requirements of IDEA by (a) conducting oversight hearings on the parent-professional partnership aspects of IDEA and how these relate to other legislation and family needs, (b) extending the IEP requirements to incorporate specific elements of the IFSP, and (c) extending the Parent Training and Information Centers. These three recommendations are a cost-responsive approach to addressing the problems noted above and have the likelihood of promoting a coordinated approach to strengthening parent-professional partnerships, while focusing resources on prevention of problems between parents and professionals in the implementation of IDEA.

Holding Oversight Hearings

Congress should hold oversight hearings on how families of children with disabilities are involved in the special education process. The oversight hearings should focus on the many laws and regulations beyond IDEA that have an impact on the family and parental involvement with special education programs. Oversight hearings will provide the needed attention and sense of urgency to encourage schools and other agencies to focus on the spirit of IDEA's requirement for parental participation. These hearings will also allow Congress to study special education practices and regulations that are "family friendly" as well as those that interfere with parent-professional collaboration.

Extending the IEP Requirements to Incorporate Elements of the IFSP

Over the past five years, the value of the IFSP has been well documented as a source of providing family support, coordinating an array of services, planning for transitions, and enhancing parent-professional partnerships. The IFSP process has helped develop a family-centered approach (Bailey & McWilliam, 1993; Dunst, Trivette, & Deal, 1988) to special education, which needs to continue throughout the child's education. Unfortunately, as the child and family make a transition to the elementary school, the IFSP becomes an idea of the past, when, in fact, the needs of children with severe disabilities and their families typically intensify. It is time to recognize that families of children with severe disabilities need a coordinated service delivery approach as the child ages. If the child and family initially served by the IFSP wish to keep this approach, it should be made available. Congress should amend IDEA to revise the IEP process to include those IFSP components that will be useful for all children with severe disabilities and their families. These additional components to the IEP should include:

a. a statement of the family's priorities and concerns;

b. an explicit listing of the related services that will be provided by the school and other agencies that the family may need to allow the child with severe disabilities to benefit from education (IDEA's related services already permit services to families, but the family-service focus often is overlooked);

c. a description of the case management services that will be provided to ensure coordination of all community services needed by the child and family and the identification of a case manager;

d. an evolving transition plan to help the child progress from primary, middle, and high school; and

e. a listing of the educational and support needs of the parents and how they will be met by the school.

Additionally, regulations would provide a timeframe between the meeting to develop the IEP and the signing of the actual document. All too often parents and professionals are requested to sign the IEP document immediately after it is developed. A provision that the document be signed by all parties after 72 hours would allow all participants time to process and understand the information presented. While this will place an added requirement on schools, it will help achieve the spirit of informed consent with these important documents.

Should this extension of the IEP become reality, Congress would streamline the provisions of IDEA by establishing one type of comprehensive educational plan for youngsters with severe disabilities; the IEP and IFSP would essentially become one document for the child's educational career. The current differences that exist between the IEP and IFSP for children with severe disabilities would essentially cease.

Expanding the Parent Training and Information Centers

The funding provided to the PTICs needs to be substantially expanded to better ensure that all families have access to these resources. Mandating that states provide a partial match to accompany new funds will strengthen the states' commitment to parent information, education, and advocacy support. Naturally Congress will need to ensure the functional independence of the PTICs while states meet funding responsibilities.

Sending a Clear Message

The intent of these three recommendations is for Congress to send a clear message to the Department of Education and the states that parent involvement is a fundamental component of IDEA and that Congress expects a recognition of this in regulatory, oversight, and implementation policies. Congress must provide the leadership on the parent-professional partnership agenda by making it clear that it expects parents of children with disabilities to be actively supported in their participation with special education programs.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS should markedly improve parent-professional partnerships through (a) establishing a clear imperative in professional preparation on parent/family issues, (b) funding specific research activities on strengthening parent-professional partnerships, and (c) funding specific demonstrations on strategies to creatively and proactively solve parent-professional disagreements prior to using the due process hearing mechanism.

Stimulating Better Personnel Preparation

As written, IDEA makes provision for professional development, including the mandatory comprehensive personnel development system, and requires states and school systems to keep abreast of new techniques and practices in special education. As noted earlier, there is a dearth of personnel preparation regarding parent-professional partnership in implementing IDEA. OSERS should call for training program initiatives in the area of parent-professional partnership at both the preservice and in-service levels. Institutions of Higher Education (IHEs) working in conjunction with statewide CSPDs and PTICs should be encouraged to develop specific training programs to equip professionals with the knowledge and skills to allow them to establish effective partnerships with parents. Providing this emphasis will directly assist IHEs in addressing this critical area and will help ensure that new special education professionals are prepared to support parents and involve them in the educational process. This initiative should provide incentives to IHEs and require continuation of these efforts post federal funding.

Targeting Research Initiatives

The changing face of the American family (Fadd, Figueroa, & Correa, 1989; Harry, 1992a, & 1992b) requires that we devote substantial research efforts to investigating and clarifying strategies to strengthen the parent-professional partnership. As we deal with single-parent families, bilingual and multilingual families, ethnically diverse families, blended families, and rural families, we need methods that have been thoroughly investigated and proven to be effective in enhancing parental participation in schools. Additionally, we need to support efforts to investigate intervention strategies to enhance the parent-professional partnership (Singer & Irvin, 1991). OSERS can and should call for new research initiatives on these critical issues.

Preventing Due Process Hearings

Recognizing that the right to due process hearings should not be altered, but realizing that these hearings often lead to mistrust and longitudinal problems between parents and professionals, OSERS could fund a number of demonstration projects to investigate alternatives to due process hearings (e.g., mediation, appointed monitors, funded second evaluations, etc.). Nothing in IDEA precludes the use of alternatives, such as mediation on a voluntary basis. Encouraging reasonable and legally sound alternatives via demonstrations will encourage use of these alternatives to help parents and professionals find common ground with each other and resolve problems and misunderstandings in a speedy manner. If such demonstrations were to show that problems can be resolved without the typical costs and emotional stress, the entire special education process would be dramatically improved.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State educational agencies should improve implementation of IDEA around parent-professional partnerships by providing education to professionals and parents, allowing for greater experimentation in meeting regulations concerning IEP meetings, and allocating funds to the PTICs.

Developing Plans for Professional and Parent Education

State educational agencies need to direct the CSPD to address the preservice and in-service development needs concerning families. In recognition that most special education personnel have not been prepared to work with families, each state agency should develop a priority plan to address this need. Working with the IHEs in each state, the CSPD can meet its ordained mission to systematically improve the skills of practitioners.

In a related set of activities the state agency should encourage and support parents to interact and participate with professionals in formal in-service education programs. While professionals typically have access to the latest information and are paid to attend workshops and conferences on state-of-the-art special education procedures, parents have few, if any, such opportunities. To correct this problem, the state agencies should direct the CSPD to include parents in statewide conferences and workshops on special education.

Supporting Experimentation and Innovation

The state agencies should establish permissive policies to allow schools to experiment with new ways to conduct IEP meetings to better meet the spirit of IDEA. As many districts wrestle with the gap between innovation and regulatory requirements, some freedom will enable creative solutions to the dilemma of parent-professional partnerships around team meetings.

Funding Parent Training and Information Centers

Each state should be required to provide partial funding to each PTIC. By involving the states in the funding of these centers, they will come to have a vested stake in the PTIC's success. The states need to meet their responsibilities to provide parents

of children with disabilities with information and education to enable effective parent-professional partnerships.

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Annotated Literature Abstract

Citation

Giangreco, M., Cloninger, C. J., Mueller, P. H., Yuan, S., & Ashworth, S. (1991) Perspectives of parents whose children have dual sensory impairments. Journal of the Association for Persons with Severe Handicaps, 16(1), 14-24.

Abstract

The authors interviewed 28 parents of children with dual sensory impairments, the majority of whom also had cognitive disabilities, and identified several major themes that dominated the families' experience with school. These themes included indicators of quality, fears for their children, frustrations when dealing with special education and related professionals, and dealing with change and the large number of professionals. The authors made recommendations for special education practice.

Key Points and Quotes

1. Parents of children with severe disabilities want what all parents want for their children—that is, to have a happy, safe, social and productive life.

"When asked what would constitute a quality life for their child, parents identified five major characteristics. The need for a safe, comfortable, and stable home was paramount....It was also vital to establish and maintain a social network of 'people who care.'" (p. 18)

2. Parents encounter uncaring and insensitive professionals.

"Parents stated that some people...at school questioned the child's worth and treated the child as though he/she were unwanted. 'Sometimes when she is in therapy, I feel they treat her more as an object than a child.' Another parent recalled, 'Other people have always written him off. His preschool teacher told us that he wasn't worth wasting time on in terms of equipment and teaching when her time could be spent with other kids who could learn better.'" (p.18)

3. Dealing with schools and professionals can be frustrating for parents.

"Despite the fact that many parents perceived the well-meaning parade of professionals as 'hectic,' 'confusing,' and an 'invasion of privacy,' they cushioned their discontent by saying they had 'no objection to lots of people, as long as it helps....'

"...Statements by parents indicated deficiencies in coordination and communication among team members. 'They ask the same questions; they need to talk with each other.' Those families with a designated case manager or liaison with the school felt more satisfied." (pp. 19-20)

4. Some parents are not made to feel a part of the educational team.

"...Although parents strongly expressed their desire to have input in their child's education program, many indicated that, 'the school staff doesn't feel that I'm a part of the team.' 'They share information with me, 'but' they question whether I know what I am saying.'...More often than not, parents indicated that being informed rather than included resulted in irrelevant educational planning or decisions that did not match the needs of the child or the family." (p. 20)

5. Professionals need to listen to parents, involve them, and treat them with dignity and respect.

"...First and foremost, parents wanted professionals to listen to them and trust they know the child best. Secondly, parents wanted professionals to treat their family as individuals and unique, treat kids with respect and dignity, and 'treat them like kids no matter how little you think they understand.'... To be heard, trusted, treated as individuals, attain some basic level of stability, to expect honesty, and inclusion in important decisions that affect families, were the requests from these parents." (pp. 20-21)

Annotated Literature Abstract

Citation

Hilton, A., & Henderson, C. J. (1993). Parent involvement: A best practice or forgotten practice? Education and Training in Mental Retardation, 28(5), 199-211.

Abstract

Hilton and Henderson conducted a study of 86 elementary teachers of students with severe handicaps who taught in self-contained classrooms in public schools to investigate the degree of their involvement with parents in nonmandated collaborative activities. Most of the teachers surveyed had some preservice experiences and education working with families of children with disabilities. Teachers engaged in few nonmandated activities with parents, and most teachers recognized the importance of parental involvement but did not hold it in high regard. The authors present a number of suggestions for teacher development based upon their findings.

Key Points and Quotes

1. Teachers are not overly involved with parents in the educational process and few value active parental involvement.

"Data indicated only minimal use of the non-mandated parental involvement practices listed on the survey....Inviting parents to come to observe (but not help) was the only parent involvement practice listed which even close to half (48 percent) of the teachers said they used almost always." (pp. 207-208)

2. Teachers who are better prepared to work with parents involve them more in the educational programs.

"...teachers who belonged to several professional educational organizations had higher reported levels of parental involvement, as did teachers who had a higher number of college level training experiences in parent involvement." (p. 208)

3. Teachers believe that they have sufficient work without the added duties of working with parents.

"...80 percent reported that they...agreed that teachers had enough to do without also having to work with parents." (p. 204)

4. Teacher education programs have a clear and present need to provide regular and systematic experiences to teachers-in-training to help them work with parents.

"The data provide some implications to training for teachers who will be working with students who have severe disabilities. The most obvious of these is that more time needs to be spent on the role of the teacher who serves students with severe disabilities. The data suggest that a relatively large percentage of teachers of students with severe disabilities do not view parent involvement as part of their responsibilities." (p. 209)

Model Profile

At the University of Kansas' Beach Center on Families and Disability, Ann and Rud Turnbull, the Center's codirectors, have created a strategy for family and professional collaboration. They call it "GAP: Group Action Planning."

GAP involves families—parents, brothers and sisters, uncles and aunts, grandparents, and indeed anyone related by blood or marriage who wants to be part of a dynamic team for helping the person with a disability "get a life."

GAP involves the person with a disability—the person's age, type or extent of disability, and life circumstances do not make any difference because all that counts is that the Action Planning is centered around the person.

GAP involves educators and other professionals—anyone who "serves" the person or family in any professional capacity, and that includes special and general education alike.

What is GAP? It is a strategy that families all across America have started to use after learning about it from the Beach Center. And, second, it is a strategy based on a belief that family members want to be actively involved, have the most important stake in the person's future, and can and should influence the service delivery system in a positive, proactive manner.

How does it work?

GAP is a dynamic way for people with a disability and their families to make dreams come true using allies with the knowledge, support, and commitment to get things done. Like Robert Kennedy, GAP prefers to see the world as it has never been seen, to ask "why not?", and to make positive changes for the person with a disability.

GAP meetings may be every week, month, or whenever. They can meet several times a year for years on end. Then again, they can meet infrequently and still be a success. GAP also can work for people of any age or disability.

1. Invite Support

You can't do it alone. You know that. Start your group with your family, then look to your extended family, friends, neighbors, coworkers, people in your community--any person who has helped, supported, or appreciated your family in the past. Write those names down. Think about what your child does now. (Write down with whom the child does these things.) Think of what you would like your child to do. (Get those names, too.)

* Before you ask anyone, determine the place to have meetings. Ideally, this would be in someone's home because you want a casual setting to put people at ease. If this is not possible, use a restaurant, community building, or other accessible, comfortable place. Come up with a good day and time. Then invite people.
* Explain to potential members what GAP is, why they would be a welcome addition, and that they do not have to make a definite commitment to the group. You only want them to experience the GAP meeting.
* Before you have an actual meeting, choose a facilitator to steer the meetings. This person should listen well, connect well with people, and make others feel

valued. His or her job will be to set a comfortable discussion pace, maintain a positive tone, keep comments relevant, identify key points, summarize discussions, and assign tasks if needed.

2. Create Connections

At your first meeting (and in those to come) make sure people are acquainted with each other and know how valuable their support is. To encourage connection:

* Leave ample time before and after the meeting for members to visit.

* Offer food.

* Be alert to each other's special days and recognize those days.

Every member benefits from meetings. Obviously, the family receives support, encouragement, and guidance; but so do other GAP members, besides getting a sense of accomplishment seeing positive developments and improving their own problem-solving skills. Members also create new relationships and find out that GAP offers mutual support for all.

3. Share Great Expectations

Think big. Everyone needs to have a dream for their future. However, too often, people with disabilities and their families are not encouraged to have a vision of the best their life can be. When you think of ideal scenarios, think of job, home, friends, recreation, or whatever you like. This vision is the overall goal for planning. Once the vision is decided, figure out ways to make it happen. These great expectations are not etched in stone. They are fluid images of what is possible. Think "what if" and "why not." Push the limits of possibility.

Recognize that expectations will change. Outlandish dreams at first may seem like no big deal after time. Little dreams may grow and change into something no one would ever have thought. The unfolding of expectations is an exciting, dynamic process.

4. Solving Problems

Problems are really questions. Brainstorming is the easy process in GAP used to problem-solve—that is—answer questions. The facilitator begins the process by asking the group to solve a specific problem with as many ways possible in a set time. The ground rules are simple:

* All participants and ideas hold equal weight.
* Quantity, not quality of ideas, is the goal.
* Everyone may speak often.
* Building on another's idea is encouraged.
* Negative and critical remarks are discouraged.

After you have several ideas, examine the list and pick the best. To do this, discard impractical or impossible ideas. Decide the top three best ideas (which you may get by combining other ideas). Discuss their possibilities and problems, then pick the strongest.

Find out what needs to be done to accomplish the idea, then split tasks among group members. It is a lot easier to have 12 people do one task than for one person to do 12 tasks, isn't it?

5. Celebrate Success

You don't have to solve problems at every meeting. You need a get-together every once in a while for pure enjoyment. Consider watching a sporting event, having a backyard cookout, or whatever you can do to have fun and feel positive about the group's successes. Have food and drink and let members know how much their support is appreciated.

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SCHOOL RESTRUCTURING

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Abstract

1. Numerous federal, state, and local restructuring initiatives are under way. Their major goals are to increase student outcomes in traditional academic content areas and in occupational skills. There is a major emphasis on assessment of student outcomes and on school accountability. Other themes include a commitment to high standards for all students, including those not college bound, efforts to redefine the governance and operation of schools, and enhanced professional development and new standards for teachers.

2. Progress is being made in a number of areas, including standard setting, the use of new student assessment techniques, and site-based management of schools.

3. Educational restructuring is most effective for students with disabilities when it leads to the creation of schools that implement the best practices for least restrictive environments. These are high performing schools in which staff work collaboratively to support all students and in which there is flexibility in curriculum and instruction and a strong sense of community.

4. Inhibitors to positive restructuring to create LRE-practicing schools are (a) lack of leadership, inflexible and rigid categorical program administration, (b) lack of accountability for the outcomes of students with disabilities, and (c) fiscal policies that promote the labeling and segregation of students with disabilities.

5. Congress should (a) require the alignment of IDEA with other federal and state restructuring legislation and policies, (b) require SEAs to have placement-neutral funding formulas, (c) require SEAs and LEAs to include students with disabilities in all large-scale assessment programs, by existing assessments or creating alternative assessments, and (d) monitor activities, including progress toward stated goals.

6. OSERS should support (a) professional development of local administrators and teachers and (b) research and evaluation of restructuring initiatives as well as inclusive schools. OSERS also should require state plans to specifically reference

how students with disabilities will be included within the state's restructuring activities.

7. State and local agencies should (a) ensure that parents and advocates for persons with disabilities are represented in policymaking and restructuring decision making and (b) establish standards for students and programs and hold schools accountable for attainment of those standards.

1. What outcomes signify successful implementation of educational restructuring?

Current efforts under way to restructure local schools simultaneously involve national policymakers, governors and state-level education policymakers, local school policymakers and administrators, parents and community members, the business community, and institutions of higher education. A number of initiatives are supporting restructuring, chief among them being the 1994 Goals 2000: Educate America Act, which codified the eight national educational goals. The Act calls for the creation of standards for academic content areas, occupational skill areas, and "opportunity-to-learn" as provided by the schools. In addition, the Act calls for developing assessments to be used voluntarily by states to assess student attainment of the standards. The eight national educational goals encompass more than enhanced academic standards for schools; there is a strong commitment to ensuring that students come to school prepared to learn as well as to adult literacy. Additional goals address the need for safe, drug-free schools and enhanced professional development. While Goals 2000 embraces much of the current emphases in restructuring, many states and local school districts have already implemented major restructuring initiatives, such as outcome-based assessment and accountability programs, site-based management of schools, and experimentation with privatization of some school functions and charter schools and school choice. The extent of these reforms is unprecedented in the history of American education (Toch, 1991), and the reforms are marked by several major themes or intended outcomes.

Higher Standards and Accountability for Improved Outcomes for All Students

A central outcome of restructuring is the desire to increase the levels and complexity of knowledge and skills of students exiting public schools. Standards are being defined for traditional academic content areas as well as for the occupations. Multifaceted assessment of student attainment of the valued outcomes as well as systems for rewarding or sanctioning schools on the basis of student performance are also key elements of this element of restructuring.

Equity for Improved Outcomes

There is a commitment to raise the knowledge standards, both academic content as well as technology, critical thinking, problem-solving, and other critical enabling skills, of all students, not just those who go on to traditional higher education programs. The emphasis on developing a skilled work force is one of the major goals of the business community and is central to its involvement in both educational policymaking as well as support to schools.

Restructuring Systems

Educational bureaucracies are being fundamentally restructured through downsizing and consolidation of programs by function, not by special interest. Changes in governance structures are common, including decentralization of fiscal and programmatic decision making and increased flexibility of programs at the local school site. A common initiative is site-based management, which calls for the creation of school teams often consisting of school staff, parents, and other community members with authority to make management and instructional decisions.

Enhanced Professional Preparation and Development

Standards are being set for both entry-level teachers as well as "master" teachers. Certification categories are being reduced to several broad age or developmental categories, and efforts are under way to ensure that teachers can demonstrate competence with more diverse students. Ongoing professional development is supporting collaboration and more teacher control.

2. To what extent have these outcomes been achieved in the past five years?

Great strides have been made toward achieving many of the goals of educational restructuring. Passage of major federal educational reform legislation (e.g., Goals 2000: Educate America Act and The School to Work Opportunities Act) as well as the enactment of numerous state-level policies are important outcomes. However, in some areas there has been especially noteworthy progress with respect to students with disabilities.

Improving Educational Outcomes

Students with disabilities are increasingly being included in national and state-level assessment programs. The National Assessment of Educational Progress will begin field testing assessment accommodations in 1995 to ensure representation of students with disabilities in this important national data base. Of the 46 states that are implementing statewide assessment programs (CEDR, 1994), approximately 39 are including many students with disabilities, although exemptions from assessments and accountability still are common (Brauen, O'Reilly, & Moore, 1994). Some states, such as Vermont, Kentucky, Maryland, and New Hampshire, have included or are working to develop statewide assessments that will include all students with disabilities, with accommodations or alternative assessments, in their statewide school accountability programs (McLaughlin & Warren, 1994). This accountability for outcomes is critical to ensuring that the education provided to students with disabilities be held to standards as equally challenging as those for students without disabilities. In addition, inclusion in the assessment programs is linking the programs for students with disabilities to the larger general education curriculum. An important feature of the new assessments is the use of authentic assessment (such as portfolios, performance tasks, and individual evaluations) that are more inclusive of students with disabilities (McLaughlin & Warren, 1994).

Financing Special Education Programs

There are numerous proposals to reform general school finance. However, within special education, 29 states are engaged in or actively considering changes in special education finance policies (Parrish, 1994). Most of the changes are being made to make funding placement neutral or to ensure that special education funds that flow to local programs are not weighted to support more restrictive placements. However, about 11 states are working toward major restructuring of state special education funds to increase flexibility of use at local schools to promote prevention activities. The trend is toward a population-based formula and away from child count or unit formula (Parrish, 1994).

Site-Based Management

Site-based management (SBM) of schools has become very common during the past decade. The decentralization of authority and decision making to the schools typifies the general restructuring theme of increasing flexibility to support local innovation. The impact of SBM on student performance has not been demonstrated (Wohlstetter & Buffet, 1992), and the impact on students with disabilities and special education programs is unknown. However, SBM is associated with innovative practices such as collaboration and team planning, mixed-ability classrooms, and curriculum innovations (GAO, 1994), all of which have been noted as important to creating inclusive schools (McLaughlin & Warren, 1992; CEC, 1994).

Professional Training and Development

Efforts to streamline licensure of teachers and the National Board of Professional Teaching Standards have focused on enhancing the skills of teachers and acknowledging master teachers. In a few states, certification of regular education teachers is requiring greater competencies in working with students with disabilities, while special education certification is becoming less specialized (McLaughlin, 1993).

3. What educational models/procedures are most effective for achieving these outcomes?

Educational restructuring initiatives are most effective for students with disabilities when they are directed toward the creation of inclusive or unified schools or school systems (McLaughlin & Warren, 1992). These schools and school systems are collaborative, problem-solving entities in which staff share a common vision and a sense of purpose of educating all students to the highest possible standards. Such schools have a strong sense of community and strong connections to the school community at large. Students with disabilities are enrolled in their home or neighborhood schools and belong to regular classrooms just as their peers.

Inclusive schools have strong leadership and support by administrators but also are flexible, and staff are allowed to make curricular and instructional adjustments and encouraged to be innovative. The school is held accountable for student performance. Staff focus on results and assess the progress of every student. Inclusive schools have a collaborative work culture in which professionals, paraprofessionals, parents, and other staff form teams to develop instructional plans; design, modify, or adapt curriculum; and problem-solve. There is shared responsibility and shared expertise. Special educators and other specialists (psychologists, social workers, speech and language specialists, physical therapists, occupational therapists, etc.) support the instructional process and are regular or part-time members of an instructional team. Collaborative instruction occurs and includes co-teaching, team teaching with regrouping, and consultation and support.

The teaching-learning process is critical in restructuring schools. Curricula are organized to support the learning of challenging content and to promote personal success skills such as critical thinking, problem-solving, group membership, use of technology, and lifelong learning skills. However, the curricula do not control the instruction; rather, teachers work together to determine how to accommodate students with learning differences. Some of the accommodations may include lower performance expectations for some students, but content is always meaningful and linked to the expectations of the regular classroom. There is no "your student/my student" mentality in the school; there is a common mission of school improvement.

Instructional arrangements in inclusive schools include cooperative learning and peer tutoring as well as flexible regrouping for instruction. Inclusive schools provide supportive professional development through both the collaborative team process as well as through more formal professional development. Teachers, paraprofessionals, parents, and other community members are all potential "experts" and share in mentoring or providing information to each other. Resources for professional development are provided to the school and can be used to support school-wide goals. Specialized training may be provided at some times to some staff if needed, but in general everyone in a school learns together.

4. What educational models/procedures most inhibit these outcomes?

A chief inhibitor of educational restructuring and the creation of inclusive schools lies with individuals within a school. Attitudes or beliefs about students and about restructuring initiatives are key to changing schools (Fullan & Stieglebauer, 1991). Lack of leadership at the school level is also an inhibitor because the school principal is important in both creating a sense of common purpose and in supporting staff (CEC, 1994; Guerra, Smith-Jackson, & Madsen, 1994).

Certain education policies are also inhibiting restructuring efforts. For example, inflexible categorical programs that have stressed separation of services and resources have contributed to schools that are compartmentalized and support the notion of "your student/my student." This separation inhibits the development of a school culture in which the entire school community is responsible for all of its students. Strong centralized control, coupled with strong categorical program identities, creates turf guarding and a desire to continue to sort and categorize students, staff, and programs; they inhibit working toward maximizing student progress (McLaughlin, in press). Other inhibitors include an unwillingness to involve parents and community members in the school decision-making process or to actively involve teachers and other staff in the process.

Specific special education policies and procedures are also significant inhibitors to creating more inclusive schools. Fiscal policies that define placements by weighting or providing more funds for students in more restrictive placements inhibit flexibility in programming. So, too, does funding that requires labeling and categorizing of students. Individual Education Programs (IEPs) that focus on documenting procedural compliance and not student growth or outcomes fail to promote restructuring. Low expectations for students with disabilities, coupled with a lack of accountability for results (student goals or outcomes are vague and/or do not permit long-term educational planning, and assessment of students' attainment of those goals is absent or very cursory and does not permit schools to be held accountable for what happens to students with disabilities), run counter to the goals of restructuring and inclusive schools. Professional certification and licensure policies that are narrow and do not permit more flexible collaboration among teachers and other specialists also inhibit reforms. The lack of articulation of educational policies across federal and state levels perpetuates the lack of ownership of students with disabilities within the larger school community. In addition, there is a lack of genuine knowledge of students with disabilities and special education services among a significant number of school leaders, specifically building principals and mid-level managers within school districts; this fact is particularly troublesome as more schools become site-based managed. Finally, there is a lack of a local support system within school districts that are attempting to restructure by becoming more inclusive.

5. Provide two or three specific recommendations for action by Congress.

Congress should take action on three plans.

Funding

Congress should:

(a) Increase the Part B funding and require greater collaboration between special education and other federal and state categorical programs to promote more flexible nonredundant use of resources.

(b) Ensure that IDEA is aligned with Goals 2000 and other educational reform legislation. State plan requirements should include specific strategies for ensuring that students with disabilities will be included in a state's Goals 2000 activities.

(c) Encourage collaboration between education and other human service agencies, particularly to require consideration of more efficient use of funds to support common goals.

(d) Require state-funding formula to be placement neutral, so that funds follow a student into regular classrooms and do not provide incentives for education in more restrictive settings.

(e) Permit use of Part B funds to support prevention or early intervention for students not yet classified as eligible for special education in order to remove the incentives for overidentification of students with disabilities. This might include allocating some or all of Part B funds on a population basis.

Individual Education Programs

Congress should require state and local education agencies to amend their IEP processes as follows: IEPs should focus on specific educational needs of a student and contain a statement of meaningful goals. Assessment of students with disabilities should establish current levels of performance and determine specific services and accommodations that will be made *throughout* the student's school program. The emphasis of the IEP should shift from simply documenting services and procedural compliance (e.g., parental notification) to assuring accountability for student results. Specific student performance expectations that parents and family members understand should be stated and specific assessments to be used to determine student attainment of goals should be described. Assessment of goals should occur at least annually. Short-term objectives are instructionally meaningless on the IEPs and should not be required. Parental input should be encouraged through use of multiple strategies and formats, such

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as a parent questionnaire that might be obtained by a social worker or advocate or other family liaison prior to the IEP meeting.

Categorical Labeling

Congress should abandon the categorical approach now set out in IDEA. Labeling students by disability category is not educationally relevant. The categories should be collapsed into several broad areas (e.g., speech and language, students with significant and multiple disabilities, etc.). Congress should support a consensus-building activity, including the major advocacy and disability groups, to study and develop the language for the broad new categories. Categorical labeling of young children (preschool and primary age students with disabilities) should not be required.

6. Provide two or three specific recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Articulation with Educational Reform Legislation

The U.S. Department of Education and, if necessary, Congress (by amending IDEA and Educate America Act) should ensure that IDEA activities acknowledge or align with larger state and local-level reform legislation. The federal agencies should require state plans to specifically state how students with disabilities will be included or protected in state restructuring efforts, including Goals 2000 activities, statewide assessment programs, charter schools, or similar alternative school initiatives.

OSEP should require state monitoring plans to specifically indicate how states will monitor local education agencies for student results or progress as opposed to only procedural compliance. This monitoring must go beyond current levels of performance assessment as stated on the IEPs to require multiple types of assessment information, including state or district assessments, performance-based or authentic assessments, and parent/family input.

Support Leadership Development

OSERS should support state-local leadership development. Local administrators, particularly building principals, are critical to the restructuring process and cited as key factors in the creation of inclusive schools. Yet, many building principals have little knowledge of students with disabilities or of current best practices. There is a need to support high-quality professional development of these individuals, if not other district-level administrators as well. Professional development programs need to be developed within states and local school districts to provide this critical knowledge within the context of building leadership and management skills. Ideally, such professional development might be developed in collaboration with administrators' associations, business roundtables, or similar general education organizations that are already engaged in providing professional development for these individuals.

Support Innovative Professional Development for Teachers

OSERS should support state-local teacher-professional development. Teachers who are currently teaching need a great deal of support and development if they are to implement or participate in the numerous new initiatives within the schools. More funding is needed to support collaborative training of general and special education teachers as well as other specialists together with parents and family members. In particular, new models are needed that capitalize on technology and are efficient and address the major time constraints schools face when they attempt to provide intensive and high-quality professional development.

Support Research and Evaluation of Restructuring

OSERS and other U.S. Department of Education entities should support research and evaluation of restructuring. A number of very interesting and innovative ideas are being promoted for restructuring IDEA, including funding formula changes, a simplified IEP that links student outcomes to larger state or national outcomes and assessments, a removal of all categorical labeling, and increased flexibility in blending of IDEA funds with other educational funds. Some of these efforts are under way in states. The Office of Special Education Programs (OSEP) or other Department entities should provide support to states and local districts to systematically evaluate the intended and unintended impact of these pilot efforts, including evaluations of inclusive schools as well as general education restructuring initiatives, such as SBM or statewide assessment programs.

Support Research into the Development of Authentic Assessments

The Office of Special Education Programs should support research and development of alternative assessments, such as portfolios, performance tasks, and similar authentic assessment, that can be used within the larger system assessments that will be part of the implementation of Goals 2000.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

Monitor for Student Outcomes or Progress

State education agencies should monitor local education agencies, implementation of IDEA by focusing on what and how much students with disabilities are learning and not merely on whether a district has met its various prescribed timelines and has completed the appropriate paperwork. While procedural compliance remains an important piece of IDEA, parents and family of students with disabilities need to be assured that students are progressing toward important long-term goals that will enhance their ability to be employed and be well integrated in mainstream adult communities. State education agencies should also require that students with disabilities be included in statewide assessments, either those developed for the general student population or specifically for students with disabilities.

Create Placement Neutral Funding Formula

State education agencies should remove fiscal disincentives for educating students with disabilities in inclusive schools and classrooms. Formulas that weight or provide extra funds for students placed in more restrictive placements penalize schools attempting to provide more inclusive education.

Create Supports and Mechanisms for Promoting Family and Community Involvement

Parent and community involvement in local schools is a major goal of educational restructuring and a long-time goal of IDEA. State education agencies should support and reward local education agencies that increase parental involvement and should encourage schools to share strategies and obtain information and assistance. It is particularly important that state and local education agencies ensure that parents of students with disabilities are informed of various restructuring initiatives and participate in the various policy and decision-making groups.

Support and Provide Technical Assistance to Local Inclusive Schools

Schools that are engaging in major restructuring efforts, such as becoming inclusive schools, need a great deal of support. State educational agencies should devote additional funds for professional development or help finding outside resource people who can help solve specific problems. In addition, schools may need to explore innovative instructional procedures or unconventional use of personnel. State and local administrators need to be willing to support the flexibility at the same time that they establish clear and expected student and program standards for holding schools accountable.

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Annotated Literature Abstract

Citation

Fullan, M., & Stiegelbauer, S. (1991). The new meaning of educational change. New York: Teachers College Press.

Abstract

This book provides a comprehensive review of research related to the implementation of educational reforms. While not specifically focused on the restructuring topics, the research is reviewed within the context of what is known about schools and the implementation of major educational innovations. The literature is reviewed as it applies to teachers, administrators, and policymakers, and a general conclusion of the research suggests that complex, multifaceted changes, as opposed to specific models, are the most difficult to implement and require extensive time and support. However, these initiatives have the most long-lasting impacts on schools.

Key Points and Quotes

1. The key themes of school improvement are vision-building, initiative-taking and empowerment, staff development and resource assistance, restructuring, evolutionary planning, and evolutionary planning.

"While virtually everyone agrees that vision is crucial, the practice of vision-building is not well understood. It is a highly sophisticated dynamic process, which few organizations can sustain." (p. 83)

2. Educational change depends on what teachers do and think, the principal's perception of himself or herself as a change agent, and the abilities of district administrators to lead the development and execution of system-wide initiatives.

"To bring about more effective change, we need to be able to explain not only what causes it but how to influence those causes. To implement [change] successfully, we need a certain amount of vision...and promoters of change need to be committed and skilled in the change process." (p. 95)

3. Six themes of a new paradigm of implementing educational change include moving from negative to positive politics, monolithic to alternative solutions, innovations to institutional development, going it alone to alliances, neglect to deeper appreciation of the change process, and "if only" to "if I" or "if we."

"Reform cannot be achieved without working with school sites. But school sites are going to need a massive change. Everyone inside and outside the school is going to have to put great energy over a period of time into changing the culture of the school. This means new values, norms, skills, practices and structures." (p. 352)

Annotated Literature Abstract

Citation

McLaughlin, M. J., Schofield, P. F., & Warren, S. H. (in press). Educational reform: Issues for the inclusion of students with disabilities. In M. Coutinho & A. Repp (Eds.) Enhancing the integration of children with disabilities. Pacific Grove, CA: Brookes/Cole.

Abstract

The authors present an overview of major themes within the current education reform movement: outcome assessment, curricular standards, equity, and restructuring systems. They discuss issues confronting special education programs such as assessment and identification of students with disabilities, defining the "least restrictive environment," and the post-school outcomes for students with disabilities. They also describe specific policies and options that must be considered if the inclusion of students with disabilities is to be a part of educational restructuring.

Key Points and Quotes

1. The forces for restructuring that emerged separately within the special and general education systems have come together to create unique opportunities for individual schools and school districts.

"These opportunities present significant challenges to leadership in special education. Professionals in special education are beginning to acknowledge the power of the general education reform movement to change the way in which special education programs operate. The movement offers an opportunity to move the education of students with disabilities into a new generation, but this will take leadership with a clear vision for what special education's role should be and the strong will to move forward." (p. 24)

2. If individual schools or school districts choose to restructure their schools to more fully include students with disabilities, several significant issues should be considered.

"...the pathway to decision must begin with careful consideration of the outcomes of education that are valued by students, their families, and the community at large. Supporting policies concerning outcome assessments, governance, funding, curriculum frameworks, and professional development must also be considered." (pp. 27-28)

There are any number of examples of restructuring schools, including schools that can be considered inclusive schools. Profiles of such schools can be found in a recent Council for Exceptional Children publication, Creating Schools for All Our Students (CEC, 1994), and in a videotape available from the Council of Administrators of Special Education, profiling a Vermont school that represents features of a restructured school as well as an inclusive school.

The following profile of an actual school with a fictitious name exemplifies restructuring that includes students with disabilities. This school, which we will call Urban Middle School, is a Baltimore City, Maryland, public school of approximately 780 6th, 7th, and 8th graders. The city school system is implementing a number of reform initiatives, including a statewide school improvement program (The Maryland School Performance Program) that includes statewide performance assessments and the publication of the school assessment data as well as other indicators, such as attendance and suspensions and expulsion, on annual school report cards. Low-performing schools may receive "Challenge Grants" to help improve their schools; consistently low-performing schools may be "reconstituted," resulting in removal of the principal and possibly staff and possibly takeover by some other entity. In the city all schools are site-based managed; school improvement teams (SITs) are empowered to make most budgetary as well as instructional decisions.

Urban M.S. was identified as a low-performing school on the basis of its assessment data and other indicators. The school receives approximately $250,000 a year from the state educational agency for school improvement. About two years ago, the school improvement team, under the strong leadership of the principal, began to identify a number of changes they felt were necessary to improve their school. Chief among these was a move to a multi-grade, integrated curriculum and a narrative report card. At the same time, the school staff voted to fully include all of the special education students in the school into the general curriculum and classrooms. Using resources from their Challenge Grant, the school staff worked in teams with consultants during the summers to develop portions of their own curriculum. The faculty is organized into teams that include one to two special educators who play a variety of roles, including helping write adaptations into the curriculum, co-teaching, conducting demonstration lessons, and providing individualized instruction and support to specific students. Teams meet formally once a week to plan instruction, and special educators also have an additional formal once-a-week meeting. Because of the close contact and collaboration, informal discussion, problem-solving, and instructional planning occur daily. Specialists, such as the psychologist and social worker, participate with the teams as needed.

The principal has used his powers in a site-based managed school to use resources to maximize cost-effectiveness. As one example, he has lowered class sizes by hiring some additional staff under contract, by-passing the city hiring process, and is considering hiring new, lower cost teachers to replace open positions of more senior people. He believes the less experienced teachers receive sufficient training and mentoring through the collaborative team process. He has also established several formal partnerships with neighboring universities and has a number of college interns, with various majors, working in the classrooms. Finally, he has acquired a great deal of technology provided by business, foundations, and other partnerships that he solicited or created.

Although the restructuring has been under way only three years, the initiatives are beginning to show results. Attendance has consistently improved and suspensions have dramatically decreased. Test scores are slowly moving upward; significantly, all but a small number of students with disabilities participate in the state assessments, with accommodations, and are reportedly improving. Given that these students were for the most part educated in self-contained classrooms for five or six years and had not been exposed to either the regular curriculum or general education testing, these improvements are marked. In addition to formal assessments, special educators maintain extensive portfolios on each student with a disability; the portfolios consist of student work and narrative reports and are well received by parents who now can understand what their son or daughter is learning.

The school is in compliance with required special education rules and regulations, despite the fact that the district is involved in a law suit involving special education timeline and record-keeping violations. In addition, the city schools have a high rate of students identified with disabilities, about 17 percent, and about two-thirds are educated in separate classrooms. In this context, Urban M.S. has demonstrated tremendous progress toward becoming an inclusive school; even students with serious emotional and behavioral disorders are being successfully educated in this school. However, there is still a need for the reintegration of students with much more significant disabilities, including significant cognitive disabilities, and the school improvement team is beginning to consider how to do this. The important aspects of this school are team decision making, a sense of community, and strong data and accountability for student results.

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SCHOOL-LINKED SERVICES

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Abstract

1. School-linked services are part of a larger movement for more integration of health, education, and social services for children and their families. The outcomes of school-linked services integration are that (a) families are aware of a broad range of service options, (b) a single point of contact for all services exists, (c) a single physical location allows "one-stop shopping," (d) supports to the child and family are fully integrated and coordinated, (e) collaborative mechanisms between the school and all other human services agencies within the community exist, (f) flexible funding arrangements reduce emphasis on eligibility requirements, and (g) families choose among support options rather than agencies making determinations.

2. The outcomes of school-linked integrated services have been achieved in a number of demonstrations, but large-scale evaluations of the efforts have not occurred.

3. Promising approaches have the following characteristics: (a) models are products of collaboration among families, schools, and community services providers including those in the private service or business sectors, (b) state leadership and incentives, (c) processes are interdisciplinary, (d) turf issues are transcended by flexible funding arrangements, (e) all systems participate, and (f) the process generates a simple family support plan.

4. Inhibitors to achieving outcomes include (a) eligibility requirements, (b) categorical, agency-specific service delivery, (c) turf issues that affect sharing, (d) mistrust of sharing power with consumers in governance or decision making, (e) categorical professional preparation, and (f) agency-specific access requirements.

5. Congress should promote further activity in school-linked services integration by (a) taking steps that will allow demonstration projects to move to scale; (b) encouraging state-level policy analyses across agencies as part of reform efforts in education, health, or welfare; (c) requiring that service integration mechanisms be in place for agencies to access discretionary grant funds; (d) requiring interdisciplinary training across discretionary programs in education, health, and social services; and (e) providing incentives to conduct research in school-linked services integration.

6. OSERS should (a) emphasize school-linked services integration in the transition and Part H initiatives, (b) fund research to investigate school-linked services integration models, (c) fund training and technical assistance programs, and (d) require school-community partnership arrangements to be in place to receive funding under all research, training, and demonstration grants.

7. State and local education agencies should (a) create an agency research agenda and invite participation of institutions of higher education and other agencies in conducting research, (b)create a demonstration, training, and technical assistance agenda, and (c) engage in partnerships with higher education to facilitate the development of school-linked services integration models.

1. What outcomes signify successful implementation of the topical issue?

The basic problem is that services/supports to children with disabilities and their families are fragmented, categorical, sometimes overlapping or competing both within and across agencies and are seldom coordinated (Schorr, 1992; Behrman, 1992). Programs offered through IDEA within the schools may duplicate similar services available to families through community agencies, but the staff of each of the two programs may be unaware of the other's existence. Since various agencies have their own "case management" systems, family members receive information about available programs in a piecemeal fashion, with each "case manager" relaying information about only those supports available through a particular agency. The results are: (1) multiple, disparate points of contact for family members, often in different physical locations; (2) waste and duplication of effort and funds; (3) children who "fall through the cracks," that is, do not meet eligibility requirements for one program but may not learn of another that is duplicative; and (4) lack of coherent planning and follow-through to maximize service use to families and children (Kirst & McLaughlin, 1990; Kagan & Neville, 1993).

The term school-linked services is an abbreviated descriptor for a method of transforming service/support-use access to children and families that confronts these problems. The longer descriptor is school-linked, family-focused, integrated, and coordinated services. Another often used descriptor is school-linked services integration (Behrman, 1992). These various descriptors refer to a common set of systems-change processes that include the following:

- services provision to children with disabilities and their families that is family-focused, consumer-driven, and cuts across all education, health, and social services systems;
- the community is the unit of coordinated services provision through a community services provision council;
- clients are identified through school screening and referral processes;
- "case management" is comprehensive across all systems, provided by school-linked services coordinators responsible to the community services coordination council;
- all agency funding for clients served is administered through the community council;
- flexible funding mechanisms are identified as a problem-solving approach to avoid duplication and expensive services that may not be necessary; and
- services coordinators are linked to school restructuring processes through membership on the school site resource management team or council.

Outcomes indicative of a successful services/supports access transformation of this type include:

- families become aware of and sustain contact with a full spectrum of educational services, health and its subsystems services, employment services, social and recreational systems, judicial systems, housing systems, religious supports, etc.;
- families have a single point of contact for all services and needed supports;

- a single physical location such as the school or a nearby "family resource center" provides "one-stop shopping" access;
- supports to the child at school and to the child and family in the community are fully integrated and coordinated;
- collaborative mechanisms exist between school and all other human services support agencies and systems available to the community;
- flexible funding arrangements for specific problem-solving replace traditional "gatekeeping" eligibility requirements; and
- families choose from among options those service/supports they need, rather than agencies making all determinations.

2. To what extent have these outcomes been achieved in the last five years?

The school-linked services agenda has been discussed at all levels of government since about 1972 (Kagan & Neville, 1993). Rapidly escalating service use or need, particularly in the cities coupled with escalating service system costs, such as in the health services systems (RWJ Foundation, 1993), has led to renewed focus on school-linked services as an idea whose time has arrived (Kagan & Neville, 1993). Within the past five years, a number of demonstrations of school-linked services have appeared in the literature (i.e., Kagan & Neville, 1993; Crowson & Boyd, 1993; Sailor & Skrtic, 1995; Skrtic, Sailor & Gee, in press.

Progress on moving isolated demonstrations of school-linked services to scale within communities and states appears to be occurring at three levels: (1) community, "grassroots" demonstrations (Bruner, 1991); (2) state-level policy transformation efforts (Gerry & Certo, 1992); and (3) interactive efforts of state policy and community demonstrations. Most significant progress seems to be coming from the interactive efforts, but large-scale evaluative data on these efforts (i.e., California "Healthy Start" initiative; Kentucky School Reform Act) have yet to appear (Sailor & Skrtic, in press).

3. What educational models/procedures are most effective for achieving these outcomes?

In the last five years, a number of models of school-linked services have appeared and demonstrations of these exist in various localities. In California, the state "Healthy Start" (Senate Bill 620) initiative has produced a wide spectrum of services integration models that are unique to various population demographics of the variety of communities that are implementing them (Carreon & Johnson, 1993). In Kentucky, the School Reform Act provides more of a homogeneous, "cookbook" formula for statewide implementation of a particular model (Illback, 1993). Some models are stimulated with private seed money (i.e., Cities in Schools). Other models are identified with particular consultants and technical assistance providers, such as the "wraparound" model.

Promising approaches seem to have the following common characteristics:

- community/school partnership arrangements where the model is a product of collaboration among family members, school, and community service providers, members of the private service and business sector;
- state-supplied leadership and incentives to affect local transformations;

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- interdisciplinary processes such that team arrangements affect the services integration plan and implementation at all levels;
- transcending of traditional "turf" issues by flexible funding arrangements, to which all service systems agree to support and "sign off";
- all community system participation so that no single agency stands apart from the transformation effort; and
- the generation of a simple "family support plan" by the process that includes the IEP in the case of a child who gets special education supports, and includes and supersedes all other specific support plans as well.

4. *What educational models/procedures most inhibit these outcomes?*

These transformations are most inhibited by the following factors:

- eligibility requirements for service/supports access ("gatekeeping" requirements);
- categorical, agency-specific service delivery and consequent lack of coordination;
- turf issues affecting cost-sharing across agencies and programs;
- mistrust and consequent exclusion of consumer family members in service system governance and decision-making processes;
- categorical professional preparation within higher education and licensing within state agencies and boards;

- agency-specific access requirements such as application forms; reimbursement or payment procedures; access to insurance; and confidentiality requirements; and
- lack of state-level policy leadership to affect service agency participation at the grassroots, community-planning level.

Each of these "barriers" to school-linked services integration can be and has been overcome in a variety of demonstration community projects. What remains is to compile and disseminate a wider knowledge base gleaned from a comparative analysis of successful demonstrations around the country.

5. Provide two or three specific recommendations for action by Congress.

Encouraging Policy Analyses

Congress should enact a presumption in favor of conducting state-level policy analysis across states seeking to undertake systems change toward school-linked services integration as a part of health, welfare, and school reform efforts. Outcomes of these analysis efforts would include federally approved consolidated state plans with all commensurate waiver authority as needed. Congress already has done much in the last five years to stimulate the emergence of demonstration-level, school-linked services arrangements. Demonstration projects funded in five states by US-DHHS/ASPE in 1989 have produced a wealth of information on ways to overcome obstacles to services transformations of this type (see Kagan & Neville, 1993, for a review of some of these efforts). New congressional legislation geared to implementation of Goals 2000 and the reauthorization of the Elementary and Secondary Education Act (Title XI, Coordinated Services) contain language and appropriations that will continue to enhance and build on these efforts (i.e., the Family Support Act, etc.).

Congress now can further this activity by beginning to take steps that will allow successful demonstrations to move to scale within the states. Indiana and West Virginia, for example, now have consolidated state plans approved by the Federal Government to enable consolidated local planning to occur across agencies with cost-sharing mechanisms (Sailor & Skrtic, in press; Sugarman, 1993).

Requiring Service Integration

Congress should continue to require language in discretionary grant programs across all human assistance agencies and systems that encourage applicants to put service integration mechanisms in place as a prerequisite to accessing funds, particularly for prevention programs such as Part H, special education, Title I of ESEA, Transition/School to Work initiatives, etc.

Requiring Joint Funding

Congress should require the Departments of Education and Health and Human Services (HHS) to devise conjoint interdisciplinary training programs that will prepare educators, for example, to address the needs of special as well as typical populations without removal to categorical service systems. Grants programs to universities, for example, should be predicated upon evidence of cross-categorical training models, rather than continuing to train special educators, physical therapists, reading teachers, nurses, social workers, etc., in isolation to pursue categorical professional roles within schools.

Specifically, Congress should amend Subchapter IV (20 USC Secs. 1431 and 1432) by adding a requirement that federally funded training projects shall specify procedures for providing training in a team format that is interdisciplinary and that includes the participation of family members or their representatives in federally or state-funded parent training programs. Furthermore, Congress should make it clear in its Committee Report that OSERS should create incentives, through the entire range of its discretionary grant programs, for school-linked services integration strategies, including the formation of school/community partnerships to establish Family Resource Centers and other integrated services arrangements. Proposals in response to RFPs containing such incentive language should include a section with appropriate sign-offs indicating how the state will facilitate such local school-linked services integration arrangements with appropriate state-level policies, waiver authority, etc.

Providing Incentives

Finally, Congress should make it clear in its Committee Report that all OSERS research programs should provide incentives to direct and stimulate the development of a data base on comparative models of school-linked services integration specifying a range of outcomes for children with disabilities and their family members. Specifically, Congress should create incentives for research applicants to address their investigations to issues that include or are affected by school-linked services integration models.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

Funding Mechanisms

OSERS is in a position to directly affect the process of systems change transformations to accomplish school-linked services integration, particularly through two of its most significant program areas: (a) transition from school to adult status, including work (i.e., RSA/NIDRR), and (b) Part H and other early childhood programs. Both of these programs afford logical points of entry into school/community partnership arrangements that include families at all levels of planning and implementation.

OSERS can, for example, (a) fund research to investigate school-linked services integration models and provide evaluative data on comparative models; (b) fund training and technical assistance programs to develop, implement, and monitor services integration arrangements at local, state, and interactive levels of process; and (c) require school/community partnership arrangements to be in place to receive funding under all research, training, and demonstration grants.

Funding Research

Specifically, research is needed to (a) identify appropriate outcome indicators for children, family members, professionals, community members, and service providers affected by models of school-linked services integration; (b) develop appropriate instruments with which to thoroughly assess and evaluate all aspects of school-linked services integration efforts; (c) compile a data base on demonstrable outcomes from these efforts for children and families; (d) provide benefit/cost studies as evaluative data on these transformational processes; and (e) compile an evaluative data base comparing different models of school-linked services integration within different geographical and geosocial configurations.

Funding Training and Technical Assistance

Training and technical assistance is needed to (a) prepare a noncategorical, interdisciplinary, professional work force to respond to the interdisciplinary, noncategorical school/community team processes under school-linked services integration arrangements at the state level; (b) prepare policy leadership personnel in a variety of professional programs in school-linked services integration policy areas; (c) extend in-service training to field professionals, paraprofessionals, and family members in interdisciplinary and noncategorical, team-driven services arrangements in the school and community; and (d) provide interdisciplinary technical assistance programs to stimulate systems change consistent with these directions at all levels.

OSEP could facilitate this agenda by (a) establishing noncategorical, interdisciplinary training programs as a core part of all professional and paraprofessional training grants and (b) requiring parent training programs to specifically prepare family members for participation in all levels of team-driven, services integration arrangements.

The National Institute on Disability and Rehabilitation Research could establish a priority for training practitioners in school-linked, services integration throughout all of its 47 Rehabilitation Research and Training Centers and should establish a new National Center on School-Linked Services Integration.

HHS/Maternal and Child Health (MCH), through its involvement in the Part H and Head Start programs, should direct the university affiliated program (UAP) to take a leadership role in the provision of research, training, technical assistance, and dissemination of information on all aspects of the transformation to school-linked services integration programs. The MCH-UAP program should provide incentive grants to UAPs to start up and/or intensify these efforts.

HHS/Administration on Developmental Disabilities (ADD) should be directed by Congress to use its extensive UAP program toward the same outcomes. ADD should provide financial incentives to its 50 state and trust territories' UAP programs to facilitate all aspects of research, training, technical assistance, and dissemination activities focused on the start up and facilitation of school-linked services integration arrangements.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

Funding Projects

State and local education agencies should (a) create an agency research agenda and invite the participation of Institutions of Higher Education (IHE), in partnership with the agencies, to conduct research on school-linked services integration arrangements and (b) create a demonstration, training, and technical assistance agenda to engage in partnership arrangements with higher education to facilitate the development of school-linked services integration models.

Monitoring Projects

State agencies presently implement IDEA through monitoring of the Part B program and by providing inservice training opportunities for special education teachers. Under school-linked integrated services arrangements, state agencies hold potential to assume a much broader role. Policy leadership at the state level, for example, can lead to "joint powers" agreements under which IDEA is implemented through an interagency consortium arrangement of which a Department of Special Education or its equivalent is but one element. Linkages with state-level health, social services, and judicial systems in a collaborative arrangement can leverage IDEA funds to facilitate and nurture school-linked services integration at the local/community level.

Higher education should be brought into strong partnership arrangements in these collaborative systems by use of state-administered, direct granting authority and by the process of endorsing federal grant applications from Institutions of Higher Education. The role of IHEs, in particular, UAPs, can be critical in providing research, training, and technical assistance for the interdisciplinary school-linked services integration arrangements at the local as well as policy leadership levels.

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Annotated Literature Abstract

Citation

Kagan, S. L., & Neville, P. R. (1993). Integrating human services: Understanding the past to shape the future. New Haven, CT: Yale University.

Abstract

The document extracts lessons from the history of services integration in this country. Part I is an historical review of services integration policies at the federal level. The bulk of the historical information is from the 1960s to the present and includes cycles of interest in services integration concepts. Part II provides the theoretical context for emerging ideas about services integration. The authors offer several definitions of services integration and describe theories that have provided a basis for the concept. Part III describes how lessons from the past may be used to inform practice. The section describes the nature of linkages among services, barriers and incentives to integration, and specific strategies to enhance the effects of integration initiatives. Part IV identifies assumptions that have confounded implementation of services integration initiatives in the past and offers recommendations for improving the probability of success in the future.

Key Points and Quotes

1. The history of services integration offers important lessons in learning from past policy initiatives.

> One of the definitions of services integration describes it as having four dimensions:
>
> (a) client-centered integration;
> (b) program-centered integration;
> (c) policy-centered integration;
> (d) organizationally centered integration.
>
> To successfully integrate services, strategies need to be undertaken at all four levels.
>
> A review of the history of services integration initiatives would indicate that strategies need to address both top-down and bottom-up considerations, or "state" and "street" efforts. (p. 113)

2. Services integration has potential as a powerful policy option for addressing complex needs of children and families when applied comprehensively and intensely.

> "...services integration must be thought of as a philosophy, as a component of many disciplines, and as a strategy." (p. 132)
>
> As a philosophy, services integration "demands an attitudinal conversion from competition to collaboration, from exclusion to inclusion, from involvement to empowerment, and from restricted to holistic approaches to human services." (p. 132)
>
> As a component of many disciplines, the "body of knowledge [in services integration] that has been amalgamated is sufficiently unique so as to constitute a different domain of inquiry, replete with its own theories, literature, and approaches." (p. 132)
>
> After having been viewed primarily as a strategy through much of its history, services integration strategies must now work to "match specific and differentiated goals, with a clear focus on outcomes. Strategies must be constructed with a knowledge of their limitations and their demands, and with knowledge of their interactive effects." (p. 132)

Annotated Literature Abstract

Citation

Melaville, A. I., & Blank, M. J. (1993). Together we can: A guide for crafting a profamily system of education and human services. Washington, DC: U.S. Government Printing Office.

Abstract

This document was a joint product of the Departments of Education and Health and Human Services and was designed to "help communities improve coordination of education, health and human services for at-risk children and families" (p. iii). An emphasis on systems change and collaborative strategies is evident throughout the document. Part I describes the vision for changing services to an integrated system that is "profamily" in orientation. Part II lays out a five-stage process for change. Part III offers profiles of successful initiatives to integrate and link services to schools.

Key Points and Quotes

1. *Changing direction toward a profamily system requires expanding the capacity of helping institutions.*

The characteristics of a profamily system are that it must be:

(a) comprehensive;
(b) preventive;
(c) family centered and family driven;
(d) integrated;
(e) developmental;
(f) flexible;
(g) sensitive to cultural, gender, and racial concerns;
(h) outcomes oriented. (pp. 12-13)

Effective initiatives:

(a) are school-linked;
(b) are rooted in the community and closely connected to state government;
(c) use place-specific service delivery prototypes (based on the unique characteristics of the community) to create systems change;
(d) are data-driven;
(e) are financially pragmatic;
(f) provide interprofessional training and leadership development;

(g) engage communities in decisions about social and economic well-being of children and families;
(h) are able to balance the political and technical dimensions of system change. (pp. 15-17)

2. Implementing a holistic and comprehensive strategy to address the complex needs of children and families requires a strategic process, but there is no "right way" to make the changes.

The authors recommend the communities follow a five-stage process:
(a) Stage One: getting together (initiating the collaboration process);
(b) Stage Two: building trust and ownership in the venture;
(c) Stage Three: developing a strategic plan;
(d) Stage Four: taking action on the plan for the prototype delivery system;
(e) Stage Five: going to scale (broad-scale systems changes).

Model Profile

"School-linked services" is a short-form rubric for a way to deliver human assistance services (including special education and related services) at the local level that has at least the following features:

- restructured and unified schools that are fully inclusive of all students and governed by site-based management, team-driven processes;
- fully integrated services within the school that are linked to nonschool services provided to the child or child and family in the community;
- services coordination by a single contact person ("case management") who sits on the school site resource management team or council as well as the community services planning council;
- governance of services coordination by a community services planning council made up of school-linked services coordinators; family members and other consumers of services and their advocates or representatives; directors of local service agencies both, public and private; and chief executive officers from local businesses and industry;
- the development of family services support plans by the community services planning council in concert with the integrated services coordinator that fully subserve all other services plans that are categorical or agency-specific (i.e., IEPs for special education under IDEA);

- flexible funding that is geared to direct problem-solving strategies in human assistance programs and that results from interagency, collaborative planning and cost-sharing mechanisms at the community level;
- state-level interagency agreements that facilitate collaboration, cost sharing, and use of flexible funding strategies at the local/community level;
- a single physical location, at the school site or nearby, that serves as a family resource center and provides "one-stop shopping" for all human assistance program services for children and their families;
- full participation by all agency human assistance service providers, including all health, education, social services, recreation services, housing services, employment services, religious services, etc.; and
- noncategorical services provision that waives eligibility for participation in discrete agency-provided programs; waives categorically specific confidentiality requirements with the informed consent of the consumer; waives gatekeeping authority for specific programs and delegates all such authority to the community services planning council.

School-linked services models contain these features and presently exist in a variety of communities across a number of states throughout the country. Such models offer an alternative to fragmented, duplicative, segregated, and isolated categorical services programs to families of children with disabilities and other human assistance consumers.

The promise of school-linked services integration models is for greater equity in consumer programs and across regions, for greater cost effectiveness, and for efficiency of the operation of human assistance programs for taxpayers. It is geared to reform processes in education, health, and social welfare and can be directly accessed by IDEA at the levels of service delivery under the Part H program and under the auspices of the transition and school-to-work initiatives of Goals 2000.

PARTICIPATORY ACTION RESEARCH

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Abstract

1. Participatory Action Research (PAR) refers to a process whereby the researchers and constituents together identify the problem to be investigated and collaborate throughout the entire research, dissemination, and utilization process. The outcomes of PAR are (a) increased utilization of research by constituents and in turn (b) improvement of services and supports for students with disabilities and their families.

2. Outcomes have not yet been satisfactorily achieved.

3. Promising approaches include (a) developing mergers between researchers and constituents before specifying research questions, (b) ensuring ongoing collaboration throughout the entire research process, and (c) developing alternative formats for disseminating research results.

4. Four practices that most inhibit outcomes are the (a) unequal status of researchers and constituents, (b) university culture, (c) need for the cross-fertilization of competence, and (d) logistics of implementation.

5. Congress should ensure better research and utilization of research by (a) enacting a presumption in favor of a PAR process for research, demonstration, and training projects funded under IDEA and the Rehabilitation Act, and (b) directing OSERS to award extra credit to research, training, and demonstration projects that use a PAR process.

6. OSERS should (a) fund research to investigate the process and outcomes of a PAR process, (b) fund training and technical assistance to develop, implement, and monitor best practices associated with a PAR process, and (c) require a PAR process to be implemented in research, training, and demonstration grants.

7. State and local education agencies should (a) create an agency-based research agenda and invite the participation of researchers, (b) provide certification credit

for PAR-related staff development and participation, and (c) require a PAR process for research, demonstration, and training projects.

1. What outcomes signify successful implementation of the topical issue?

The basic problem is that there is a gap between what research and demonstration projects "know" and what state and local educational agencies practice (Kauffman, Schiller, Birman, & Coutinho, 1993; Malouf & Schiller, 1994). This gap exists in spite of the IDEA mandate that state educational agencies shall develop a comprehensive system of personnel development (20 USC Sec. 1413(a)(3)(A)). Significantly, those standards require the SEAs to also ensure the "continuing education of regular and special and related services personnel," to acquire and disseminate to professional staff "significant knowledge derived from education research and other sources," and to adopt where appropriate "promising practices, materials, and technology" (20 USC Sec. 1413(a)(3)(B)).

One way of solving the gap between what research shows and what practitioners and other constituents do has been suggested by a proposed policy of the National Institute of Disability and Rehabilitation Research on Participatory Action Research (PAR) (Fenton, Batavia, & Roody, 1993): To create a merger between researchers and constituents who are beneficiaries or consumers of the research results. The merger of researchers' knowledge and expertise with constituents' knowledge and expertise has two purposes: (a) to identify and solve problems and (b) to ensure that the solutions are useful to and indeed used by constituents. PAR refers to a process whereby the researchers and constituents together identify the problem to be investigated and collaborate throughout the entire research, dissemination, and utilization process. This means that researchers and constituents are "actively involved in defining problems;

carrying out the research; evaluating the validity, relevancy and impact of the outcomes; disseminating the findings; and supporting training and use of the results" (Fenton, Batavia, & Roody, 1993, p. 11). PAR encourages each member to "share and utilize his or her unique skills, background, and experiences so that the common objectives of enhancing the quality of life and functioning abilities of individuals with disabilities are achieved" (Fenton, Batavia, & Roody, 1993, p. 11).

Many terms are used to refer to a somewhat similar process: participatory research, action research, participatory action research, emancipatory research, empowerment research, and discovery research. A major problem in the literature is that different authors define a number of these terms in conflicting ways. We have opted to stay with the term originally proposed by NIDRR—Participatory Action Research and Dissemination—since NIDRR has originally defined it and there are no existing conflicting definitions.

The outcomes of PAR are (a) increased utilization of research by constituents and, in turn, (b) improvement of services and supports for students with disabilities and their families. The term constituents refers to special and general educators (teachers, related service personnel, and administrators), families of students with and without disabilities, the students themselves, adults with disabilities, and policymakers.

2. To what extent have these outcomes been achieved in the last five years?

The outcomes of (a) increased research utilization and, in turn, (b) improvement of services and supports for students with disabilities and their families have not yet been satisfactorily achieved (Fuchs & Fuchs, 1990; Malouf & Schiller, 1994). This problem in special education is shared in other areas of education (Huberman, 1990; Kaestle, 1993). Although OSERS has a number of funding programs to produce research (i.e., model demonstrations, research, and policy evaluation) and a number of strategies for disseminating research (i.e., clearinghouses, technical assistance, rehabilitation research and training centers, dissemination and utilization programs, systems change, outreach, linkage with publishers, and a National Diffusion Network), the emphasis has primarily been on producing and accessing knowledge, but not on using a professional knowledge base: "OSEP's future challenge becomes to create strategies that enable and facilitate the use of the professional knowledge base as a means for improving practices in special education" (Kaufman, Schiller, Birman, & Coutinho, 1993, p. 264).

Teachers use the professional literature as a basis for resolving classroom instructional or behavioral problems as their last resort and administrators report that the professional literature lacks sufficient focus on key implementation issues (McLane, 1990 and Alberg, 1992 as cited in Kaufman et al., 1993). This is because researchers and constituents have different ways of verifying and using knowledge. Researchers tend to use research knowledge to verify propositions through the scientific method. Practitioners, individuals with disabilities, and families tend to rely on "practical knowledge" that is verified through experience and guidance from mentors and colleagues.

Many researchers view constituents as nonrational, too practical, or unwilling or unable to read and apply the professional literature. By contrast, constituents often view research knowledge as irrelevant, inaccurate, and unnecessarily complex (Malouf & Schiller, 1994). Some charge that researchers exploit constituents. Recently, a leader of a Latino grassroots disability organization asserted, "Research only exists in the fantasies of researchers. Researchers come in, take information from us, and use it to their own advantage. What's in it for us?"

3. What educational models/procedures are most effective for achieving these outcomes?

Promising approaches include (a) developing mergers between researchers and constituents before specifying research questions, (b) ensuring ongoing collaboration throughout the entire research process, and (c) developing alternative formats for disseminating research results.

Developing Partnerships Prior to Specifying Research Questions

Research centers and individual investigators can team with constituents in preparing research proposals to ensure that "all voices are represented" in research programs. When constituents are involved at the initial stage of formulating research questions, they are in a position to identify the problems that are most troubling to them, thus increasing the likelihood that those problems will become the basis of the research. The other benefits of initial collaboration are that the reality of constraints, opportunities, and practice issues are considered; a potential plan is developed to use findings and this plan in turn can help shape the research process; and shared ownership results in heightened commitment and more intensive collaboration throughout the process and utilization after the research is completed (Menz, 1995). When research has addressed problems that are truly baffling and troubling to constituents and has recommended practices that are understandable, relevant, and manageable, it is far more likely that constituents will be motivated to utilize research findings (Kaestle, 1993).

Even before a specific research project is launched, funding agencies can involve constituents in setting the funding agenda as well as involving them as reviewers in the peer review process. The funding agencies should ensure training of constituents and researchers who are involved in the peer review process, so that their participation will be informed about research, dissemination, and utilization methodologies.

Ensuring Ongoing Contact and Collaboration

The second promising practice is to intensify the contacts between researchers and constituents throughout the whole research process. Indeed, the incorporation of research findings into practice is substantially influenced by the number, nature, and reciprocity of the contacts between the researcher and constituents. Research suggests a relationship between high contact intensity and the organizational time that constituents commit to carrying out the study and the number of individuals at the practice site involved in follow-up (Huberman, 1990).

Developing Alternative Formats for Disseminating Research Results

The third promising practice is to develop alternative media for disseminating research results (Havelock, 1972; Smith-Davis, 1993). Although academic reward systems generally give priority to articles in peer-reviewed journals and presentations at scientific conferences, these typically are not the vehicles for enhancing research utilization in educational settings.

Media can include cable television, video and audiocassettes, electronic networking, user-friendly manuals, a subscription service for abstracts of key literature, articles in the lay media, "quality circles" within practice settings, and one-to-one peer support. A key consideration in selecting alternative media is to consider the incentives that the constituents have for investing the time to understand the information and to make the necessary changes to incorporate it into daily routines. Although the variety of formats is expanding, much stronger emphasis is needed on ensuring accessibility to media for people with disabilities (consistent with Americans with Disabilities Act) and with a primary language other than English.

4. What educational models/procedures most inhibit these outcomes?

Four practices that most inhibit outcomes are the (a) unequal status of researchers and constituents, (b) university culture, (c) need for the cross-fertilization of competence, and (d) logistics of implementation.

Unequal Status of Researchers and Constituents

Because they have different ways of "discovering" facts (data) than many constituents based on their professional training and experience, researchers sometimes may believe that they have a clearer understanding of "reality" than constituents who have a different view of how to generate and express facts. This hierarchy of expertise is illustrated by the following perspective of a research team toward the teachers they researched: "We would not expect the teachers interviewed to either agree with or necessarily understand the inferences which were made from their responses" (Bullough, Goldstein, & Holt, 1982, p. 133). Many constituents react with frustration and defensiveness when researchers discount their knowledge derived from practice.

University Culture

A number of university culture considerations exhibit outcomes. The researchers' need to have single-authored research studies in highly respected peer-reviewed journals serves as a major impediment. The push for tenure, merit pay increases, and academic status can relegate collaboration with constituents to a low priority. Furthermore, a hallmark of university culture is academic freedom; thus, it is not surprising that researchers are cautious about collaborative efforts that can potentially restrict their autonomy. Speaking as a researcher, Zarb (1992) commented:

> ...we must be honest about the benefits which accrue to ourselves in terms of professional/academic recognition, career development and—obviously—financial rewards. Indeed, if we are going to start to change the relations of research production, it is absolutely essential that we recognize the purpose of this

separation of disabled people and researchers and the conflicts of interests it produces. (p. 132)

Need for Cross-Fertilization of Competence

Researchers often do not appreciate the variables operating at the street-level of practice settings, nor are they always aware of the range of alternative dissemination formats that might best enhance research utilization. It is critically important for researchers to hone their understanding of practice settings—to make context-specific the possibilities for research utilization. Similarly, constituents often do not know the concepts and methodology of research nor the process for reviewing proposals and setting agency-directed priorities. There is a major need to better prepare individuals with disabilities, families, practitioners, and policymakers to serve on federal agency peer review committees and on research projects.

Logistical Implementation

The logistics of research—such as deadlines and funding restrictions—get in the way of successful outcomes. It takes substantial time to develop trusting relationships between researchers and constituents who have never before collaborated with each other, as well as to arrange and carry out a number of face-to-face meetings, exchanges of information through the mail, and telephone calls. Given that there is often a short timeline between the announcement of funding availability and the due date for proposals, setting aside time to locate and communicate with constituents is typically not a high priority.

For collaboration to be truly significant, proposal timelines will need to be extended, and funding proposals will need to require, provide funds for, and allow more time for collaboration in implementation, dissemination, and utilization.

5. Provide two or three specific recommendations for action by Congress.

Congress can ensure better research and utilization of research by (a) enacting a presumption in favor of a PAR process for research, demonstration, and training projects funded under IDEA and the Rehabilitation Act and (b) directing OSERS to award extra credit to research, training, and demonstration projects that use a PAR process. Both of these actions are revenue neutral, both will have an effect on federally funded activities, and both will have a "modeling" or "trickle down" effect on research, demonstration, and training projects funded by state and local educational agencies. (See Questions 6 and 7.)

Enacting a Presumption to Require a PAR Approach

Congress should amend Subchapter IV (20 USC Secs. 1431 and 1432) by adding a requirement that federally funded training projects shall adopt a PAR process. Likewise, Congress also should amend Subchapter V (20 USC Sec. 1441) by adding a requirement that federally funded research and demonstration programs shall adopt a PAR process. These requirements should take the form of a rebuttable presumption in favor of a PAR-type approach.

PAR is more useful for applied than basic research (where the focus of the research may not be a problem readily identified by researchers and constituents alike). OSERS typically funds applied but not basic research. Accordingly, Congress should create a rebuttable presumption in favor of PAR in applied research but not require PAR to be adopted in basic research. Because in some applied research it may not be appropriate to use PAR, Congress should allow the researcher to overcome the presumption by providing compelling reasons why applied research should not use a PAR process.

Directing OSERS to Award Extra Credit

Congress should make it clear in its Committee Report that OSERS should create incentives for applicants for federal research, training, and demonstration projects to use a PAR process in these projects. The Committee Report should rely on the amendment to 20 USC Secs. 1431, 1432, and 1441, should make clear Congress' belief that collaboration between researchers and research constituents is desirable, state Congress' intent that OSERS should create incentives for applicants to use that kind of approach in their projects, and direct OSERS to carry out that congressional intent by awarding extra credit in the peer-review process to projects that adopt that kind of approach and by devising other means to induce projects to use that kind of approach.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS can (a) fund research to investigate the process and outcomes of a PAR approach, (b) fund training and technical assistance to develop, implement, and monitor best practices associated with a PAR process, and (c) require a PAR process to be implemented in research, training, and demonstration grants.

Fund Research to Investigate the Process and Outcomes of the PAR Process

Research is needed to establish best practice indicators, define and measure outcomes that accrue from a PAR process, and develop a PAR program evaluation model. OSERS should establish a research agenda on PAR:

- NIDRR could fund a Rehabilitation Research and Training Center or demonstration projects specifically aimed at researching the PAR process (as well as having a training and disseminating mission).
- OSEP could fund research and program evaluation on the PAR process as a priority for research competitions.

Fund Training and Technical Assistance Related to the PAR Process

As research on best practice is conducted and reported, it will be essential to have a systemic approach to providing training and technical assistance in order to ensure best practice:

- OSEP could establish the training of future researchers in a PAR process as a priority for the Leadership Training competition.
- OSEP could establish a priority for training practitioners in skills of the PAR process.
- NIDRR could require the 47 Rehabilitation Research and Training Centers to use a PAR process, provide training and technical assistance to other

researchers in this approach, and provide training and technical assistance to their specific constituencies on best practices for implementation.

- OSEP could require Parent Training and Information Centers and RSA could require Independent Living Centers to provide training and technical assistance to their constituents on the PAR process.

Require a PAR Process in Research, Training, and Demonstration Grants

The requirement to use a PAR process should be implemented after research has established best practice indicators and methods of program evaluation, and also after training and technical assistance have been developed and implemented based on the research finding. This requirement should be enforced by a presumption in favor of using a PAR process (see Question 5). This presumption should be adopted as agency policy through appropriate regulations.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local education agencies.

State and local education agencies can (a) create an agency-based research agenda and invite the participation of researchers, (b) provide certification credit for PAR-related staff development and participation, and (c) require a PAR process for research, demonstration, and training projects.

Develop an Agency-Based Research Agenda and Invite the Participation of Researchers

Many researchers and universities want to engage in research that will make a significant and sustainable impact on practice, but they are unaware of the priority topics from constituents' perspectives. Conversely, many constituents are frustrated by the irrelevance of research and their own inability to launch a research program without the support and expertise of researchers.

Local and state education agencies can develop a priority research agenda that would advance outcomes for students with disabilities and their families. The targets of research should be directly related to the knotty problems that constituents are facing on a daily basis. The agencies should share this agenda with researchers and invite them to participate in a PAR process. Using a PAR process, constituents and researchers can formulate researchable questions and proposals to address the priority issues.

Provide Certification Credit for PAR Staff Development and Participation

Implementing a PAR process requires significant new skills for all participants, researchers and constituents alike. In order to create an incentive and time availability for educational practitioners, local and state education agencies can provide staff development on PAR skills of critical reflection. These skills constitute a major contribution of practitioners to the PAR process. Critical reflection enables practitioners to critique their own practices, the practices of others within the educational setting, and the validity of researchers' ideas (Schon, 1983; Hoshmand & Polkinghorne, 1992). Staff development can also provide a foundation in research concepts and methodology so that local and state education agency practitioners can participate with a basic research foundation.

The most compelling training will be the actual participation. The experiential learning that accrues from intensive collaboration from the outset of the research process throughout all stages of development, implementation, and utilization will significantly enhance the knowledge and skills of all participants. Release time needs to be made available, and certification credit can be awarded for this ongoing learning process.

Require a PAR Process to Obtain Funding Approval

As local and state education agencies formulate their priority research agenda and provide staff development and incentives for participation, they also can require a PAR process, using the rebuttable presumption that research will use PAR processes. Their requirements can track the language of a rebuttable presumption (see Questions 5 and 6).

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Annotated Literature Abstract

Citation

Kaufman, M., Schiller, B., Birman, B., & Coutinho, M. (1993). A federal perspective on improving practices, programs, and policies in special education. Evaluation and Program Planning, 16, 263-269.

Abstract

The authors describe the changing OSEP perspectives—from developing and accessing knowledge to utilizing professional knowledge. They describe different perspectives of knowledge development in terms of the objectivist (based on social science) and subjectivist (based on practice in context) perspectives. Then they present suggestions for strengthening special education practices through investing in research, investing in knowledge access strategies, and investing in knowledge use strategies.

Key Points and Quotes

1. The professional literature has not been a significant resource for teachers and administrators.

"Teachers, for example, seek access to the professional knowledge base most frequently in response to a classroom instructional or behavioral problem. They are in search of ways to address a particular issue that fits their real world context (Gwaltney et al., 1990). Their need for the information is immediate. Their first efforts to identify effective practices is usually to a supervisor, union representative, or colleague. Their stop of last resort is the professional literature (McLane, 1990). Administrators, on the other hand, seek information related to making choices about effective practices and programs. They seek information that would identify potential choices and their features. They found the professional literature disparate and focused on effectiveness, not implementation features (Alberg, 1992)." (p. 266)

2. Different communities or constituents have significant roles in improving the special education knowledge base and practices.

"Research and evaluation is not the end-product, but a beginning point to foster professional reflection, design of education improvements, and provide direction for its implementation. Through supporting and enabling the creation of networks and facilitating flow of information within and across communities to produce, access, and use knowledge as a means for improving policies, practices, and programs, OSEP believes that better outcomes for individuals with disabilities and their families will be achieved." (p. 268)

Annotated Literature Abstract

Citation

Osher, D., & Kane, M. (1993). Describing and studying innovations in the education of children with attention deficit disorder. Washington, DC: U.S. Department of Education.

Abstract

This paper is divided into three parts: (a) Terminology and Perspectives, (b) Describing Innovations, and (c) Studying Implementation. In the part on Terminology and Perspectives, the authors define the following terms: practices, products, approaches, programs, and policies. This discussion is followed by an explanation of the nature of innovations: single solution and developmental orientations. In the second part on Describing Innovations, the authors propose a model that addresses three dimensions of innovations: explicit (detailed description of how the innovation is implemented), implicit (analysis of hidden assumptions of the innovation), and external (context-related characteristics that shape the innovation). Finally, in the third part of the paper on Studying Implementation, the authors discuss the issues that must be addressed in the validation of innovations and highlight key concepts from the change and implementation literature.

Key Points and Quotes

1. *Different orientations about knowledge generation contribute to gaps between research and practice.*

"A single solution orientation involves three critical assumptions regarding improving practice:

- That 'best solutions' exist;
- By implication, that someone can identify them; and
- That there is a hierarchical and linear (as opposed to interactive or dialectical) relationship between theory, application, and practice....

A developmental orientation incorporates two critical assumptions regarding improving practice:

- That practice improvement evolves in a dynamic and unpredictable manner; and
- That there is an interactive or dialectical relationship between theory, application, and practice." (pp. 6-7)

2. Partnerships between researchers and constituents can overcome failed dissemination efforts and limited practitioner use of research results.

"The two orientations are each linked to problems in the knowledge market that are reflected by: (1) failed dissemination efforts and (2) limited practitioner use of the research data base (Kaufman, M., Kamennui, E., Birman, B., & Danielson, L., 1990; Osher & Kane, 1993a). If these problems are to be avoided, it is important that research and development efforts should involve the knowledge consumer in knowledge development, transfer, and use. Through their involvement users can play a key role in (1) defining what "research" problems should be addressed (conceptualization); (2) developing a research design that will produce practical and creditable information (operationalization); (3) monitoring and assessing research projects (evaluation); (4) identifying what they need (knowledge transfer); and (5) adapting products to assure that they fit the context in which they operate (implementation)....Researchers and practitioners can be brought together both when practitioners gain a voice in the definition, operationalization, and validation of traditional research and when researchers work with site-based collaborations to improve and evaluate practice. Both efforts can engage the energy and craft knowledge of teachers and provide a greater assurance that research will be put into practice (Leinhardt, 1990; Giroux & McLaren, 1986; Lather, 1986)." (pp. 9-10)

Model Profile

A best-practice model of Constituency-Oriented Research and Dissemination is being implemented in a Field-Initiated Grant from the National Institute for Disability and Rehabilitation Research (NIDRR) that focuses on measuring the efficacy of Parent to Parent support under the leadership of Dr. George Singer. (The Parent to Parent model involves matching a veteran parent who has successfully learned how to deal with the challenges of disability with a new parent who is just beginning to experience specific challenges to provide personalized emotional and informational support. Parent to Parent support has grown from one volunteer program in Nebraska in the early 1970s to approximately 450 local programs and 17 statewide programs in 1994. These programs have been developed almost exclusively by parents with very little professional input and practically no research.)

The initial idea for this three-year collaborative research effort began at the 1992 National Parent to Parent Conference. There, a small group of parents and researchers lamented the difficulty of obtaining funding for Parent to Parent programs, given that many funders ignore anecdotes of "what works" and instead want data to substantiate program effectiveness.

From this informal meeting, a partnership was established among parents and researchers at three sites: New Hampshire/Vermont (Vermont Parent to Parent Program, New Hampshire Parent to Parent Program, and Hood Center at Dartmouth College); Kansas (Families Together and Beach Center on Families and Disability at the University of Kansas); and North Carolina (Family Support Network and University of

North Carolina at Chapel Hill). Representatives from the three sites met through telephone conference calls to plan a two-day retreat.

There were approximately 12 people at the retreat, with equal representation of parents and researchers. Parents described the impact of Parent to Parent services in terms of their own personal experiences as referred and veteran parents; they shared the experiences of many other parents. From these accounts, the parents and researchers formulated the specific outcomes that the Parent to Parent model appears to engender. From a discussion of the actual outcomes that the parents had experienced, the researchers then presented a number of research instruments and the parents reviewed them for their appropriateness in precisely measuring the outcomes as the parents knew them. A great deal of discussion focused around the sensitivity of the instruments with researchers and parents trying to find the balance between respected and validated instruments, on the one hand, and sensitivity to the families' needs and clarity of the families' comprehension, on the other hand.

After selecting the instruments, the parents and researchers then delved into the intricacies of the research design to develop a rigorous procedure but to not compromise the delicate, responsive, and intimate delivery of Parent to Parent support. The group struggled over the need to have a control group but to not deny services to parents who critically need them. The perspectives of both researchers and parents were especially important in reaching a decision that met dual standards of rigor and ethics. Parents were especially valuable in informing the researchers about the projected timeline of data collection in terms of when they expected the various outcomes to be manifested. They also offered valuable advice on the numbers of parents they expected to be able to recruit for the study in each of the three states.

Over the next several months, the parent-researcher teams in the three sites divided duties for writing the grant proposal and for submitting it to NIDRR in a timely fashion. The grant was funded in October 1993. During this time, the consortium of parents and researchers have had two additional two-day retreats. Conference calls have been held typically on a bi-weekly basis to map out the process of recruiting the 540 parents across the three sites, finalizing instruments, enrolling parents in the study, and attending to the fine details of data collection and analysis. One of the researchers characterized the benefit of this collaborative approach as follows:

> Sometimes research is esoteric and not really relevant to the family experience. Our parent-researcher team, with input from parents from the very start, helps ensure that the resulting research will indeed be meaningful to families. Not only did parents help us with the substance of the research, but also with the style or tone of the research. Our telephone protocol, our cover letters, and indeed some of our instruments themselves have a much friendlier feel to them because of the input of the parents on our team.

A parent member of the team commented:

> One of the neat aspects of this parent-research team effort is that I always come away from our meetings feeling as though I have attended "Parent to Parent School."

The fact that researchers need to know precisely what is being measured is helping us to be more thorough in how we do Parent to Parent. We helped to define for the research what typically happens in a Parent to Parent match, and now the research is helping us to maintain and improve the quality of the support that we provide to parents through the Parent to Parent match.

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POSITIVE BEHAVIORAL SUPPORT

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with
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Abstract

1. Positive behavioral support refers to procedures to reduce behaviors such as physical aggression, self-injury, property destruction, verbal aggression, truancy, vandalism, and harassment. Positive behavioral procedures focus on assessing the function of the problem behavior before intervening and on using the assessment information to identify multicomponent plans of support that can include environmental redesign, curriculum adaptation, schedule revision, instruction on new skills, and positive and negative consequences. The approach is targeted not just on reducing undesirable behaviors but also on teaching skills that will allow the student to be successful without using dangerous and destructive behaviors.

2. Problem behaviors influence every special education initiative. To build successful efforts to educate, employ, socialize, and include students with disabilities, educators need a better understanding of how to prevent and remediate serious problem behaviors.

3. During the past ten years, dramatic gains have been made in professionals' ability to assess and reduce very serious problem behaviors. The most impressive gains have occurred with students who have severe intellectual disabilities, but recent results are providing promise for high functioning students who perform problem behaviors.

4. Research is needed to help educators understand better how to organize support around an individual student and how to design a school so problem behaviors are (a) less likely to get started and (b) more likely to be handled without excluding the student or relying on severe negative consequences.

5. Congress does not need to make major changes in IDEA to promote positive behavioral support. The real challenge is implementing what is already in the law.

6. OSERS should promote the development and application of positive behavioral support by (a) continued funding of research on variables related to instruction and

intervention, (b) funding longitudinal demonstrations of systems-level success by school buildings, and (c) funding both preservice and in-service training in positive behavioral support.

7. **State and local agencies should adopt the same approaches as OSERS (see paragraph 6, above).**

1. What outcomes signify successful implementation of the topical issue?

Among the most pressing issues in schools today is educators' response to severe problem behaviors. As efforts are made to include all students in general education settings, problem behaviors (aggression, self-injury, property destruction, truancy, harassment) pose the single most dramatic threat to success (American Federation of Teachers Report, 1993; Sonnecker, 1993). The U.S. Department of Education (1992) reports that students with problem behaviors are among the least likely to be served in regular classrooms (15 percent compared with 76.8 percent for students with speech or language disabilities), and as these students enter transition age, problem behaviors are the most likely reason for their exclusion from typical work, home, and community settings (Reichle, 1990).

In an era where student diversity is increasing, schools are not prepared to educate students with problem behaviors (AFT Report, 1993; Bannerman, 1987; Kauffman, 1993; Knitzer, 1993; Knitzer, Steinberg, & Fleisch, 1990; Tausig, 1985). Billingsley (1993) examined the causes of attrition among special and general education teachers and found problem behavior to be a key factor contributing to teachers' moving away from education. Problem behaviors were cited as the central reason why special education teachers shifted from special to general education (Billingsley & Cross, 1991) and as a major factor in the decision of special education teachers to leave the profession entirely (Billingsley, Bodkins, & Hendricks, in press). Discipline in schools is rated by Americans as one of the three largest problems facing public schools (Elma, Rose, & Gallup, 1992).

The need for information about problem behaviors also has been expressed by teachers in recent state surveys. Horner, Diemer, and Brazeau (1992) report that those teachers in Oregon who work with students with severe disabilities identified training in behavioral support as their most pressing in-service need. A similar survey conducted in Indiana found that teachers define problem behaviors as a major obstacle and as a top in-service focus (Sprague & Rian, 1993).

Bulgatz and O'Neill (1994) surveyed general education teachers who had included one or more students with disabilities in their classroom. These teachers supported the policy goals of inclusion, yet reported major frustration with (a) the time demands associated with including students with disabilities, (b) the classroom disruption and ineffective teacher support when these students exhibited problem behaviors, and (c) their personal lack of competence to respond to children with significant problem behaviors.

Both general and special education teachers have provided clear messages that problem behaviors are a major source of concern (Zanville, 1992). Students who engage in self-injury, aggression, acting out, and property destruction are viewed as (a) dangerous to other students, (b) dangerous to themselves, (c) dangerous to teachers, (d) dangerous to their families/providers, and (e) so disruptive that other students are unable to achieve meaningful educational outcomes. If schools are to achieve the educational gains that all students should expect and if inclusion policy is to be successful, a better structure and technology for addressing problem behaviors are needed.

The features and procedures of positive behavioral support will affect schools at two levels: individual students and school-wide structure. The outcomes of effective, positive behavioral support for individual students will be (a) reductions of problem behaviors in typical school and community settings, (b) maintenance of health and safety, (c) increased development of skills that allow individuals to be independent and productive, and (d) development of living patterns that include supportive social networks, regular physical integration, and living options that are consistent with personal preferences.

Outcomes of effective behavioral support in schools will be (a) a school-wide system that defines appropriate behaviors, teaches appropriate behaviors, focuses on preventing occurrences of problem behavior, and provides clear, simple, consistent consequences for problem behavior; (b) an individualized support system that teachers can access when they encounter a student whose problem behavior is not responsive to the school-wide system; and (c) an ongoing means of staff development and professional growth.

2. To what extent have these outcomes been achieved in the last five years?

Research during the past several years has dramatically improved the ability of professionals to respond to the problem behaviors of individual students. The development of a practical technology of functional assessment (Carr et al., 1994; Reichle & Wacker, 1993; Van Houten & Axelrod, 1993) has changed the very nature of how problem behaviors are perceived. Educators are less likely to view problem behaviors as "willful" misbehavior on the part of the student, or as some simply physiological/diagnostic trait (e.g., autism). More commonly, problem behaviors are now viewed as a complex interaction between the learning history of the student, the current features of the school environment, and physiological variables. This shift in our understanding of problem behaviors has increased attention on the functional assessment of the problem behavior and on the development of practical hypotheses about why the problem behavior is maintained (Iwata, Vollmer, Zarcone, & Rodgers, 1993; Mace, Lalli, Pinter-Lalli, & Shea, 1993; Repp, Flece, & Barton, 1988). Effective interventions often involve changing several different elements of a students' day (e.g., the curriculum, the schedule, the type and level of monitoring, the consequences for misbehavior, or instruction on social skills). During the past five years this approach to (a) assessing the function of problem behaviors and (b) building multi-element plans of support has changed professionals' understanding of how behavioral support should be developed and delivered.

Changes in the structure of how schools respond to problem behaviors have been less easily demonstrated. Researchers have found more opportunities to work with individual students, their teachers, and their families than with the structural remodeling of behavioral systems in schools (Colvin, Kameenui, & Sugai, 1993; Sugai & Horner, 1994; Walker, Colvin, & Ramsey, 1995). One of the major challenges for the next decade will be moving from individual interventions to structural interventions within the whole school. Good, positive behavioral support is not something that is added to a school, but is an integral, embedded part of how a school is organized and operated.

3. What educational models/procedures are most effective for achieving these outcomes?

The models and procedures that appear most promising in the area of positive behavioral support are (a) functional assessment, (b) multi-element program design (that includes teaching new skills), and (c) structural redesign of school environments.

Functional assessment is the process of understanding when, where and why problem behaviors occur (Baer, Wolf, & Risley, 1968; Bijou, Peterson, & Ault, 1968). Rather than looking simply for a diagnostic label, functional assessment provides information that is directly relevant for constructing behavior support plans (Carr et al., 1994; Durand, 1990; Iwata et al., 1982; Reichle & Wacker, 1993). Following the recommendations of Bijou (Bijou, Peterson, & Ault, 1968), Carr (1977), Repp (Repp, Flece, & Barton, 1988), and Iwata (Iwata et al., 1982), a series of strategies have been developed for assessing the environmental and physiological variables associated with problem behavior (Harris, 1992; Mace, Lalli, Pinter-Lalli, & Shea, 1993; Pyles & Bailey, 1992). These strategies include structured interviews (O'Neill et al., 1990), formal observation of behavior in the school, and systematic functional assessment in which variables are manipulated while the problem behavior is observed (Iwata, Vollmer, & Zarcone, 1990; Wacker et al., in press). Together these approaches provide a powerful and effective technology for determining when and why problem behaviors are occurring. This approach to assessment has great value in part because it provides information that is directly useful for building plans of support. The research on functional assessment also has demonstrated that without a good understanding of the function of a problem behavior, teachers may inadvertently use procedures that make the problem behavior worse. Functional assessment has become a standard part of good behavioral support, but effective application of functional assessment in schools is just beginning to occur.

Multi-element behavioral support is an alternative to the traditional strategy of applying a single intervention technique to change behavior. A multi-element approach may include (a) altering the curriculum for a student, (b) changing the daily schedule, (c) teaching new social skills, and (d) modifying the consequences for positive and negative behaviors. The specific strategies would be developed based on the results of the functional assessment (not the diagnostic label). This assessment-driven, multi-element approach to building behavioral support has demonstrated major success in school and community contexts (Carr & Carlson, 1993; Dunlap, Kern-Dunlap, Clarke, & Robbins, 1991; Durand, 1990; Reichle & Wacker, 1993). At this time the application of functional assessment, coupled with multi-element behavior support plans, will result in not only more effective behavioral support but also support that is easier for teachers and families to use, less intrusive, and results in more durable outcomes. The research needed to document these final assumptions will be important for understanding how to carry this technology to typical schools.

The redesign of school-wide systems of behavior support is just beginning to be understood. Three recent developments are focusing attention on school-wide systems: (a) violence in school, (b) inclusion of students with disabilities, and (c) positive results from preliminary research. An unprecedented wave of violence is moving through our schools (Walker, Colvin, & Ramsey, 1995). Not only students with a wide variety of special education labels but also many unlabeled students are making schools unsafe, and the nation is just becoming aware of the need to change the way we address problem behaviors in schools. Predictably, the initial response is to punish and exclude these students (Sugai & Horner, 1994). Punishment and exclusion will neither avert the problem nor improve schools. As educators recognize the complex challenge presented by violent students, they will understand that one fundamental factor for success is the redesign of the structural systems they use in schools to address problem behaviors. Specific recommendations for redesign are available, and the challenge now is to validate and develop these ideas to determine what can be done *efficiently and effectively* in real schools across the country (Colvin, Kameenui, & Sugai, 1993; Reitz, 1994).

The inclusion of all students with disabilities in regular schools has had the very positive effect of awakening schools to the responsibility of supporting all children in their service area. The behavioral challenges presented by some students, however, have stretched the capacity of educational systems (Bulgatz & O'Neill, 1994). Teachers are indicating a major need for training in effective behavioral procedures and for a more sophisticated system of teacher supports when students present severe problem behaviors (Sprague & Rian, 1993). Teachers need more than a few techniques; they need structural reorganization of schools (Paine, Radicchi, Rosellini, Deutchman, & Darch, 1983). If real educational inclusion is to be achieved, school buildings (not just individual children) need to become a major research/demonstration focus.

The final factor emphasizing the need for structural reform lies in research successes in local schools. The power of positive behavioral support procedures is evident in the work that has been done with individual students and in individual classrooms. The current need is to extend the procedures throughout the school building rather than isolating them as part of the support of individual children.

4. What educational models/procedures most inhibit these outcomes?

The impact of specific barriers is always difficult to assess with precision, and different factors inhibit positive behavioral support in different areas. The following factors most often limit the educational successes of children with problem behaviors.

Local education agency commitment to educate all children is absent: The commitment of schools to develop and maintain positive behavioral support is weakened if policies and procedures allow and promote the exclusion of children with problems to "other" settings. When schools accept the obligation to provide effective education for all students in their service area, a greater commitment to tackling the difficult challenges presented by students with problem behaviors is fostered.

There are limited options for staff development: Schools are in the midst of major educational reform that is taking different shapes in different parts of the country. However, if improved behavioral support is to be part of the reform efforts, existing teachers will need more assistance. Training in behavioral support is the single most common request from teachers working with students who have behavioral challenges. Current systems of personnel development need to focus both on developing new teachers who can enter the changing field of education and who can provide novel and effective opportunities to train existing teachers. Training of existing teachers should be done not on a person by person basis, but through the training of teacher teams (preferably teacher teams that include an administrator). Without ongoing staff development options in the area of behavioral support, positive behavioral support in our schools will be a rare commodity.

Existing curricula and behavior support models: Two major barriers to effective behavioral support are the absence of good curricula and the continued use of narrowly conceived behavioral models. The traditional approach to children with problem behaviors has been exclusion and punishment. These are not strategies that benefit the student and indeed in the long run are dysfunctional and expensive for the school system. Positive behavioral support is a system that ties curriculum and behavioral support into a single package. Good teaching is among the most powerful techniques available for decreasing problem behaviors.

Inflexible models of school discipline: Effective behavioral support is at once preactive and flexible: preactive in the sense that behavioral expectations are clearly defined and taught and flexible in the sense that curriculum features, staffing features, etc. are modified to fit the needs of individual children. Existing school management, staffing, and organization often lack the flexibility to respond to the needs of students with significant problem behaviors. The need to maintain the health and safety of other students forces school administrators to exclude students with problem behaviors. A sense of relief is created by the removal of the "problem student." However, this relief is not only false but is also temporary. As soon as the student returns, or another student with similar behaviors joins the class, the teaching process will again come to a grinding halt. Schools must look beyond the inflexibility and false security associated with a reactive, exclusionary approach to behavioral support. Only by adopting a more broadly conceptualized disciplinary approach (e.g., altering staffing support, examining scheduling options, teaching replacement skills) will schools meet the challenges of individual students with problem behaviors.

5. Provide two or three specific recommendations for action by Congress.

The major recommendation for Congress is to facilitate, assist, and require that existing law be implemented. IDEA requires that schools provide a free and appropriate education for all students and creates a presumption that each student will be educated in the same school that his or her local peers attend. The challenge is to develop and implement the technical procedures and systems that make these goals both possible and practical.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years. Funding Research on the Development and Implementation of Procedures for Decreasing Problem Behaviors

There is a tremendous amount of practical information professionals do not have about the interconnecting links between physiology and problem behavior, between instruction and problem behavior, between social interactions and problem behavior, etc. In addition, a tremendous need exists to better understand the early development of dangerous and destructive behavior. Without this knowledge educators are not prepared to prevent problem behaviors from developing. Prevention will be the single most effective (though long-range) approach to reducing problem behavior in schools.

The research conducted over the past 10 years has produced dramatic, practical results. Now is the time to continue research efforts in this very productive area. Each of the major initiatives related to inclusion, improved education implementation of the Americans with Disabilities Act supported employment, family support, etc., interfaces with the complex challenges posed by problem behaviors. Unless practical procedures to assist children with problem behaviors are continued, schools will face major limitations in all other educationally relevant areas.

Funding School-Wide Models of Behavioral Support

Longitudinal (five-year) projects are needed that will support the changeover of schools from traditional "discipline" systems to an integrated policy of positive behavioral support. Schools today are trying to respond to the needs of individual children, but they make this effort without attending to the fundamental organizational problems that inhibit good behavioral support. Few schools, for example, can provide the immediate and intense support that a student with severe disabilities and severe problem behaviors may need during a one-hour period of difficulty that occurs only once every three months. Until funding is available for schools to try new systems, they will be less likely to enter into the hard and expensive challenge of system change.

Providing Staff Development in Positive Behavioral Support

Two initiatives are needed, one addressing the development of new teachers who are skilled in positive behavioral support, and one focusing on training existing teachers (regular and special education) in the new developments related to positive behavioral support. Any personnel preparation program for special education teachers should be expected to deliver a strong emphasis in behavioral support. Teachers who graduate should be able to support a wide range of behavioral challenges. Some of these teachers also need the opportunity for training in more advanced behavioral procedures (those procedures needed by 3-5 percent of the students who present problem behaviors). These students, though small in number, have the ability to destabilize a school that lacks adequate support.

The need for retraining existing teachers is well documented but difficult to coordinate. A wide range of retraining/in-service options around behavioral support are needed. Exciting results are beginning to be reported when that type of training (a) is done with groups of teachers from the same school, (b) is done with the active participation of the administration of the school, (c) is done as part of multiple short training events rather than individual conferences or workshops, and (d) is tied to defined policy goals of the school.

In summary, problem behavior is a critical issue for special education. Special educators' ability to develop effective school reform to create successfully inclusive schools and to regain the strong support of regular educators will rest in large part on their ability to address problem behaviors in our schools. The past ten years have produced dramatic, practical results in defining procedures that both reduce problem behaviors and increase educational gains. Special educators, students and families need a major effort from the Federal Government to (a) continue the practical research on problem behavior reduction, (b) fund longitudinal demonstrations of schools that are adopting structural changes to improve their ability to support students with problem behaviors, and (c) fund preservice and in-service training on positive behavioral support.

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Annotated Literature Abstract

Citation

Horner, R. H., O'Neill, R. E., & Flannery, K. B. (1993). Effective behavior support plans. In M. E. Snell (Ed.), Instruction of students with severe disabilities (4th ed.), (pp. 184-214). New York: Macmillan.

Abstract

In describing functional assessment and outlining a model for using it to build effective behavior support plans, the authors present a new and comprehensive way educators can use to assist, teach, and support students in their classrooms with problem behaviors.

Key Points and Quotes

1. Positive behavioral support recognizes that the problem behavior often resides in the failure to provide personally tailored and comprehensive support. It focuses efforts on creating responsive environments rather than attempting "to fix" the person.

"For too many years, the pattern has been to isolate people who have significant problem behaviors and to deliver ineffectual and highly intrusive interventions with the sole objective of decreasing the targeted behaviors. However, expectations are changing, and the array of options available to teachers, families, and community support staff are changing. Among the most important changes is the move to include all students in the least restrictive settings possible. Isolation and segregation have been identified as among the most damaging policies in all of special education and students with severe problem behaviors are the most likely group to experience segregation from typical settings. As the nation includes more people with disabilities in regular schools, jobs and communities, teachers and support staff are faced with complex behavioral challenges. The expectation is that teachers (and their consulting staff) will design supports to allow...students to live, work, learn and play in typical settings." (pp. 184-185)

2. In positive behavioral support, the absence of challenging behavior is not the only criterion of success. Success must also be judged by the progress being made on accomplishing the lifestyle vision for the individual.

"Effective behavioral support should result in changes in problem behaviors *and* life-style options of a student. Educators typically think of behavioral support as effective if it results in changes in patterns of behavior performed by a student, but behavior change alone is an insufficient outcome. Some behaviors are problematic in part because they interfere with the student's achieving valued life-style outcomes (e.g. the student does not make friends, the student cannot go into the community, the student cannot be away from a staff person, the student must wear protective restraints).

A major reason for changing a student's behavior patterns is to provide a wider range of options within society. With this in mind, we suggest the following as important outcomes for any behavior support plan: (a) reduction of problem behaviors, (b) health and safety, (c) acquisition of new skills, (d) changes in activity patterns, and (e) choice and preference." (p. 185)

Annotated Literature Abstract

Citation

Carr, E. G., Levin, L., McConnachie, G., Kemp, D. C., & Smith, C. E. (1994). Communication-based intervention for problem behavior: A user's guide for producing positive change. Baltimore, MD: Paul H. Brookes.

Abstract

In explaining that problem behaviors often serve as a form of communication, this text describes how to discover the communicative purpose behind problem behavior and how to teach individuals with developmental disabilities alternative skills to convey their messages. In following three individuals through a communication-based intervention process, the text reinforces the multi-component, yet individual, nature of this approach.

Key Points and Quotes

1. Critical dimensions of communication-based intervention set it apart from traditional behavior management strategies which tend to focus on manipulating consequences after a behavior has occurred.

"Major Themes

* Problem behavior usually serves a purpose for the person displaying it

* Functional assessment is used to identify the purpose of problem behavior

* The goal of intervention is education, not simply behavior reduction

* Problem behavior typically serves many purposes and therefore requires many interventions

* Intervention involves changing social systems, not individuals

* Lifestyle change is the ultimate goal of intervention." (pp. 3-5)

2. Instead of looking only at the inappropriateness of the behavior, positive behavioral support begins by taking the time to understand the behavior.

"If you interact with a person with disabilities who shows serious problem behavior, you have good reason to believe that you can change this behavior. By viewing the person's behavior as purposeful and by focusing your efforts on education (rather than simply on behavior reduction), you have an excellent opportunity to deal successfully with the problem behavior and help make the life of the person with disabilities richer and happier, and that is the best reward of all." (p. xxii)

Research on positive behavior support has been under way for many years and has had its "headquarters" in a national consortium of researchers scattered around the country. The consortium is directed by Robert H. Horner, Research and Training Center on Positive Behavioral Support, University of Oregon; consortium members are Jacki L. Anderson at California State University at Hayward; Edward G. Carr at State University of New York at Stony Brook; Glen Dunlap at University of South Florida; Robert L. Koegel at University of California at Santa Barbara; Richard W. Albin at University of Oregon; Doug Guess, Wayne Sailor, University of Kansas; and Ann P. Turnbull at the Beach Center on Families and Disability, University of Kansas.

The consortium conducts research on the causes of challenging behavior and develops and disseminates strategies for positive behavior support. The research and strategy development occurs at University of Oregon, California State University at Hayward, State University of New York at Stony Brook, University of South Florida, and University of California at Santa Barbara. The dissemination has two basic components: the training that the researchers do for service providers and the distribution of information by the Beach Center through its "Family Connection" project. For example, the Beach Center has created a document, "How To Reduce Challenging Behavior for Children with Developmental Disabilities." That document summarizes the research and describes the strategies—all in two pages—and is aimed at families and providers, not researchers. In short, the consortium combines research, training and teaching, and publication efforts and targets them on appropriate audiences.

Following is a sample of information distributed by the Beach Center "Family Connection" project: You ever hear the phrase. "Treat the symptom, ignore the disease"? Many people handle discipline that way. They try to eliminate challenging behavior (usually with punishment) without looking into why the behavior occurred. Positive behavior support is different—even revolutionary—because it is based on "Why?" Why does Pat never seem to sit in his seat at school? Why does Richard bang his head repeatedly? Why does Anastasia wander off so much?

Behavior usually serves some purpose. Usually, the purpose is a communication need, particularly for people with limited language capabilities. When these children throw objects in the classroom, they may be expressing a need for attention. Yelling may be a way to get out of an assigned task. (Problem behavior frequently is a result of exclusion, segregation, and control by others.)

Face it. Problem behavior works to a certain degree. People do get more attention, higher levels of physical contact, or escape from work. But disruptive behavior (such as aggression to others) interferes with inclusion. It also can be dangerous (to the person exhibiting it and others), upset staff, and contribute to a negative attitude toward people with disabilities.

The goal in positive behavior support is not to "eliminate." Rather, it is to understand the behavior's purpose so that a new behavior that achieves the function can be substituted. This experience helps children learn better ways to make their feelings and needs known. Everyone shares responsibility for the behavior.

To do this, you must first identify the behavior (say, tantrum), then check to make sure you are on target about the probable purpose of the behavior (for instance, to quit doing a difficult task). This is the key to positive behavioral support: Functional assessment, "why" the behavior is exhibited. With instruction, you can learn how to use positive behavioral support. Or you can use someone with technical training in this area. (Ask your director of special education or call The Family Connection at 1-800-854-4938 for a reference.)

This person (or team) first talks to the family and people in the child's environment about the problem. Next, the child is directly observed over a period of time. To test conclusions, experiments are generally necessary. This is not a one-shot assessment. It will be ongoing.

After behavior identification comes intervention. This means that everybody interacts differently to support the desired behavior. People working with the child need to build rapport and have the child associate them with positive experiences. They need to find out what the child likes and be enthusiastic in conversation rather than talk matter-of-factly. You will know if rapport is successful if the person becomes more responsive to the trainer (stays close, smiles, etc.). Building rapport is especially necessary to help overcome the passiveness that some people with disabilities show (or, worse, are encouraged to show).

Rewarding good behavior is another key factor in positive behavioral support. Also, try to predict what might "set off" the child. Make changes in advance to ward off problem behaviors.

This long-term, educational approach will have ups and downs. Do not get discouraged by crises. You must have patience and the flexibility to change your actions and goals. In time, reinforcement can be delayed because the person has learned the new behavior works.

To review:

- Picture in your mind the child with challenging behavior living life in the most inclusive setting. Ask others to join you in creating this vision.
- Identify the purpose(s) the behavior serves the child by completing a functional assessment.
- Reorganize the individual's environment. Focus on what happens between the challenging behavior incidents and when the behavior occurs. Work toward having an environment of preferred activities and relationships that make targeted desirable behavior more likely to occur. Ways you can do this are by providing choices, incorporating the child's preferences, not compromising on your family's key decisions, making tasks more relevant, putting rewards in throughout the activity instead of only at the end, alternating between easy and hard tasks, and other methods.
- Teach new skills to achieve the child's desired outcomes. For instance, if the child wants attention, teach how to better connect with others. Show how to

cordially greet others, improve grooming skills, and engage in shared interests. Another necessary skill is to communicate negative emotions in a positive way. If the child is angry, teach how to say or indicate this anger ("I need to cool down") and practice deep breathing.

- Reward positive behavior. Work with the child to determine things that the child likes.
- Anticipate disruptive or dangerous situations. Figure out in advance how you will respond to a challenging behavior.
- Ensure a proper fit. Support plans should be comfortable for the individual and family and reflect their skills, routines, and values.
- Monitor improvement. You will probably be fine tuning and changing your plan all along the way. Look for what is working and what is not.

For further information, contact:

Mike Ruef The Family Connection Beach Center on Families and Disability 3111 Haworth Hall The University of Kansas Lawrence, Kansas 66045	Phone: 1-800-854-4938

VIOLENCE PREVENTION AND SCHOOL SAFETY

Hill W. Walker
University of Oregon

Abstract

1. Violence threatens to become endemic to our society and way of life. Youth violence is increasing dramatically as a result of the deteriorating social and economic conditions of our society. Pervasive exposure to poverty and the breakdown of the family are the primary reasons for this explosion in violent and criminal behavior among children and youth.

2. Effective educational or noneducational models and approaches to solving this problem are lacking. Promising practices have been identified. However, satisfactory solutions have so far been elusive.

3. Promising approaches include (a) early intervention with at-risk children, families and community agencies where the school serves as a hub for comprehensive, coordinated efforts, and (b) the development of safe schools plans that reduce risk factors and enhance protective factors.

4. (a) Barriers to effective approaches involve a history of excluding at-risk students from schooling and from access to mainstream settings where social skills and adaptive coping strategies can be acquired. (b) Schools have a history of punishing rather than habilitating students with antisocial behavior patterns. (c) The problems of such students are often ignored until they progress to the point where they cannot be solved.

5. Congress should consider legislation that addresses three areas: (a) violence in the media, (b) mandated child find activities for children and families who are at risk for antisocial behavior patterns, and (c) the development of family resource centers attached to school districts.

6. (a) OSERS and state directors should change their approach to dealing with this student population. (b) The currently used SED eligibility definition should be scrapped and replaced with the one developed by the National Coalition of Mental Health and Special Education. (c) Finding ways to include students in the mainstream activities and affairs of schooling is essential.

7. (a) State and local educational agencies should consider adopting combined universal-selected intervention approaches to addressing the problems and pressures posed by this least liked but most capable of all at-risk school populations. (b) Comprehensive school-linked intervention models are needed in which families, schools, and community agencies forge effective partnerships in treating the problems of antisocial children and youth.

1. What outcomes signify successful implementation of the topical issue?

America has been galvanized by the specters of violence and the victimization of innocent individuals--particularly vulnerable individuals, including women, children, and persons with disabilities. Media portrayals of violent acts have intensified their salience to the point where many believe that violence is pervasive and unavoidable (Lieberman, 1994); the nation's quality of life has been diminished accordingly by the constraining effects of such perceptions. Ominously, many also believe that violence has become culturally normative and is societally endemic--perhaps due to pervasive exposure to it.

In spite of these beliefs, nearly all scientific studies of violence prevalence rates indicate that violent crime, overall, has remained relatively stable over the past 15-20 years in spite of much harsher sentences meted out for such crimes during this period (see Furlong, 1994; Roth, 1994). However, this does not hold true for violent juvenile crime, which is increasing dramatically in all sectors of society. Violent crimes among juveniles increased by 41 percent from 1982 to 1991. During this same period, the number of arrests for murder and aggravated assault committed by juveniles increased by 93 percent and 72 percent, respectively (Wilson & Howell, 1993). In a recent report, the Office of Juvenile Justice reports that the national juvenile homicide rate has doubled in the past seven years. Youth are killing each other; 55 percent of the victims of juvenile murders are fellow juveniles (Coie, 1994).

A safe schools study by the National Institute of Education revealed that 40 percent of juvenile robberies and 36 percent of assaults against urban youth took place in schools (Crowe, 1991). Clearly, juvenile street crime is spilling over into the schools at an alarming rate. Each day, 100,000 children and youth bring weapons to school; 40 are killed or seriously wounded with these instruments of destruction. Half of all students who admit to bringing weapons to school say they do so for their own protection.

2. To what extent have these outcomes been achieved in the last five years?

The overall juvenile crime rate and increase in interpersonal violence are associated with a dramatic escalation in the number of children who are bringing antisocial behavior patterns to the schooling experience (Kazdin, 1993). During the past five to ten years, there has been a huge surge in the number of children and families experiencing antisocial behavior. It is estimated there are four to six million antisocial children and youth in schools at the present time (Kazdin, 1993). This number is swelling at an alarming rate.

Antisocial behavior provides a fertile breeding ground for the later development of a delinquent lifestyle and is the single best predictor of juvenile crime (Reid, 1993). Coie (1994) notes that if children are antisocial at home and school, they are 50 percent more likely to be violent than if they are antisocial in only one of these settings. Schools are increasingly victimized by children and youth who are themselves victims of pervasive poverty, neglect, chaotic family environments, crime-ridden neighborhoods, racial discrimination, a sense of hopelessness, and so on (Soriano, 1994).

Recent research by Patterson and his colleagues (Capaldi & Patterson, in press) indicates that violent juvenile offenders very often share three characteristics: (1) they have their first felony arrest at an early age (age ten or younger), (2) their first arrest tends to be for a serious offense, and (3) they are chronic offenders (three or more arrests by early adolescence). This profile identifies an extremely high percentage of later violent juvenile offenders. The vast majority of these youth are heavily invested in antisocial behavior patterns from earliest childhood.

The spread of poverty, deterioration of urban neighborhoods, collapse of the family infrastructure for socializing our children and youth, involvement of caregivers with drugs and alcohol, failure to use good parenting practices of discipline and monitoring, and all forms of abuse are producing thousands of at-risk children and families. There is a national emergency that requires the galvanizing of all the nation's skills, resources, and energy to address this problem. Currently, there is clearly visible the front end of a wedge of antisocial children and youth who are cutting a destructive swath through our society. Due to the sheer numbers that are already in the pipeline, the problems of today are going to become substantially worse before they can get better.

3. What educational models/procedures are most effective for achieving these outcomes?

The American Psychological Association (1993) recently produced a superb synthesis of the knowledge base relating to the prevalence of violence among youth, associated causal factors, and recommended approaches to addressing it (see Violence and Youth: Psychology's Response). This task force report makes some important observations:

(1) Violence is not the human condition; it is learned behavior that is preventable.

(2) Violence cuts across all lines of culture and ethnicity; it is not exclusive to any single group or class.

(3) Prevention of violence requires education of and by all segments of society; it requires a reassessment of how conflict is view and resolved.

(4) There are four individual social experiences that contribute powerfully to the increase in violence among children and youth: easy access to firearms, especially handguns, early involvement with drugs and alcohol, association with antisocial groups, and pervasive exposure to violent acts portrayed in the media.

(5) Schools must be a hub or key center of activity in the development of comprehensive, interagency interventions for the prevention and remediation of violent behavior.

This report makes clear that youth violence is pervasive, is a result of multiple causes, and will require complex, multiple solutions if it is to be dealt with effectively. There are no educational models and procedures for effectively addressing these outcomes. There has never been a demonstrated cure of any kind for delinquent behavior and a delinquent lifestyle. The same is true for antisocial behavior patterns. There are, however, some promising practices that affect these problems to some extent (Reid, 1993).

A realistic goal is to divert at-risk children and youth from a path leading to delinquency, interpersonal violence, gang membership, and a life of crime. In order to achieve it, there must be action by and impacts on three social agents who have the greatest influence on the development of children and youth: parents, teachers, and peers. Intervention has to begin early in a child's life—preferably at the point of school entry or even earlier if possible. The school has to play a key coordinating role in the intervention process and involve parents and community agencies meaningfully in partnerships for change. Support, resources, and assistance need to follow at-risk children and families rather than be tied to agencies as is currently the case. If society can marshal and coordinate these elements, it may be possible to actually prevent antisocial behavior and its associated outcomes in many instances. The National Institute of Mental Health has funded a series of multi-site prevention centers at universities around the country to evaluate whether such approaches can work. However, in the interim, policy and practice must at least ensure that schools are safe and free of violence, weapons, and gang activity.

Schools are highly vulnerable to interpersonal violence and gang activity; they are no longer the safe havens they once were for children and youth to learn and develop their potentials. Morrison, Furlong, and Morrison (1994) have reframed the issue of school violence within a model of school safety that includes both developmental and educational concepts and emphasizes prevention and schooling effectiveness. These authors argue that effectively dealing with school violence requires careful attention to the key dimensions of school safety; schools that are violence free are thus also effective, caring, nurturing, inclusive, achieving, and accepting. The absence of violence is but one of a series of positive characteristics of safe schools.

Figure 1 operationalizes this conceptualization along a bipolar dimension that ranges from unsafe to safe; schools are distributed along this dimension, not only in relation to incidents of violence, but also as a function of the extent to which risk factors are diminished and protective factors are enhanced or facilitated. This figure lists a series of characteristics that define safe versus unsafe schools and also lists the skill-based risk and protective factors that determine or influence safe versus unsafe school status.

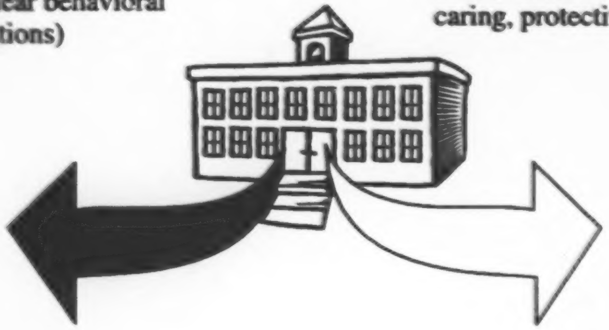
Figure 1
Bipolar Dimensions and Attributes of Unsafe and Safe Schools
with Associated Risk and Protective Factors

Unsafe Schools

(Lack of cohesion, chaotic, stressful, disorganized, poorly structured, ineffective, high risk, gang activity, violent incidents, unclear behavioral and academic expectations)

Safe Schools

(Effective, accepting, freedom from potential physical and psychological harm, absence of violence, nurturing, caring, protective)



School-Based Risk Factors

- Poor design and use of school space
- Overcrowding
- Lack of caring but firm disciplinary procedures
- Insensitivity and poor accommodation to multicultural factors
- Student alienation
- Rejection of at-risk students by teachers and peers
- Anger and resentment at school routines and demands for conformity
- Poor supervision

School-Based Protective Factors

- Positive school climate and atmosphere
- Clear and high performance expectations for *all* students
- Inclusionary values and practices throughout the school
- Strong student bonding to the school environment and the schooling process
- High levels of student participation and parent involvement in schooling
- Provision of opportunities for skill acquisition and social development
- Schoolwide conflict-resolution strategies

This approach has great relevance for the design of prototype safe school models. It addresses violence within a context of improved schooling effectiveness and safety that is developmental in its perspective.

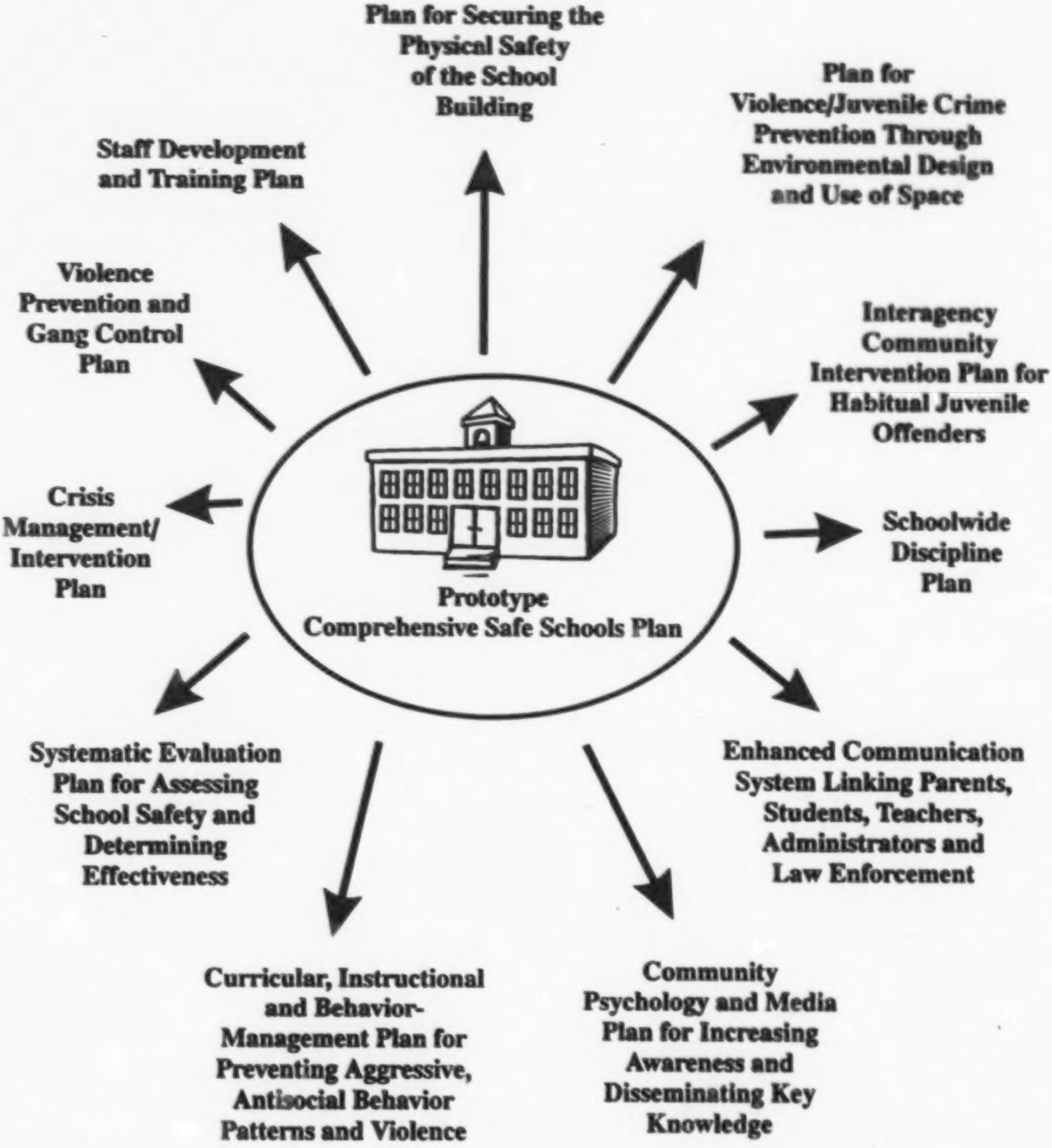
Larson (1994) has provided a recent review of selected programs and procedures for preventing school violence. He identifies some promising violence prevention programs for use at both elementary and secondary school levels (e.g., The Second Step Program: A Violence Prevention Curriculum and The Violence Prevention Curriculum for Adolescents). Systematic instruction in such curricular programs on a school-wide basis would be an essential part of any effective school safety plan. Currently, the U.S. Department of Education is conducting a competitive review of proposals to establish and demonstrate safe schools plans in 36 school districts across the country. The outcomes of these efforts will significantly advance our ability to achieve and ensure school safety.

Figure 2 illustrates the core elements of a prototype safe schools plan. These are the components that must be addressed effectively in order to ensure a safe school environment in today's society. The relative investments of effort and resources in these components will vary by school site and neighborhood.

4. What educational models/procedures most inhibit these outcomes?

Larson also presents a three-level intervention model for addressing school violence and safety that involves primary, secondary, and tertiary prevention efforts. Primary prevention focuses upon enhancing protective factors on a school-wide basis so that students in general do not become at risk. Secondary prevention involves providing support,

Figure 2
Major Components of a Prototype Safe Schools Plan


Plan for Securing the Physical Safety of the School Building
Plan for Violence/Juvenile Crime Prevention Through Environmental Design and Use of Space
Interagency Community Intervention Plan for Habitual Juvenile Offenders
Schoolwide Discipline Plan
Enhanced Communication System Linking Parents, Students, Teachers, Administrators and Law Enforcement
Community Psychology and Media Plan for Increasing Awareness and Disseminating Key Knowledge
Curricular, Instructional and Behavior-Management Plan for Preventing Aggressive, Antisocial Behavior Patterns and Violence
Systematic Evaluation Plan for Assessing School Safety and Determining Effectiveness
Crisis Management/ Intervention Plan
Violence Prevention and Gang Control Plan
Staff Development and Training Plan
Prototype Comprehensive Safe Schools Plan

mentoring, and assistance to at-risk students. Tertiary prevention (perhaps a misnomer) involves intervention with seriously involved students, many of whom are habitual offenders. Figure 3 illustrates the correspondence between target student type (regular, at-risk, and chronic juvenile offender) and the prevention approach most appropriate for addressing the problems of each.

Currently, an incarceration frenzy in dealing with juvenile crime and violence is the mode of action. However, we will never be able to incarcerate ourselves into a satisfactory solution to these social problems. A three-pronged approach is required involving detention, intervention, and prevention. Detention is for serious habitual offenders who have a low likelihood of being rehabilitated. Intervention involves school and youth services diversion programs that teach skills, adaptive strategies, and positive attitudes that will keep at-risk students out of the juvenile justice system. Prevention means keeping potentially vulnerablestudents from becoming at risk. Resources should be reallocated from detention to intervention and primary prevention.

Major barriers to achieving positive schooling outcomes and safe, violence-free school settings are (1) a failure to recognize and address emergent risk factors, (2) a long history of punishing and excluding at-risk students as a primary solution strategy, (3) failure to teach the skills and competencies, in cooperation with parents, that support social effectiveness and responsibility among students as part of the core school curriculum, and (4) poor design and supervision of school space so as to prevent discipline problems and student conflict. Until policies and practices are in place that address these barriers, safe schools and control of violence and gang activity on school grounds will be elusive.

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Figure 3
Correspondence Between Target Student Type and Primary Intervention Approaches Within a Comprehensive Safe Schools Plan

Target Student Type	Primary Intervention Approach
Regular	**Primary Prevention:** Developing awareness; teaching social competence, rule-governed behavior and personally responsible decision-making; facilitating academic performance; developing self-esteem
At-Risk	**Secondary Prevention:** Proactive screening of all students; identification of at-risk clusters of youth and families; direct instruction in generic social skills; conflict-resolution strategies; peer mediation processes; empathy and moral reasoning; anger-management training and self-control; family support and parent management training;
Chronic Juvenile Offenders	**Tertiary Prevention:** Connection of students and caregivers to social service agencies; development of individually-tailored, wraparound intervention; coordination with law enforcement, courts, and corrections; drug-alcohol counseling; use of alternative placements such as day-treatment centers, alternative schools, residential environments; planning for transition from school-to-work and adult living; instruction in key life skills, vocational skills, and social competence levels required for employment

5. Provide two or three specific recommendations for action by Congress.

Congress should consider passing legislation in the following areas: (1) control of the exposure of children and youth to violent acts in the media, (2) mandated child find activities to identify children at risk for antisocial behavior early in their school careers, and (3) development of family resource centers attached to school districts. Each of these areas and the intent of legislation are described below.

Reducing Media Exposure

Media violence is a subject of continuing controversy. There is overwhelming evidence that pervasive, long-term exposure to media violence (i.e., TV cartoons, videogames, broadcast news, films, and prime-time TV dramas) does two things: (1) it desensitizes children and youth to violent acts and (2) it makes individuals themselves more likely to commit violent acts. The response of the media to this evidence is nearly identical to that of the tobacco industry's response to scientific evidence of the negative health effects of tobacco use--denial of the evidence. Media violence is a social toxin that is poisoning the wellspring of our society. Violent acts must be reduced and controlled across the board in the media, and parents must be informed about its effects on their children and how to attenuate them.

Intervening Early

Antisocial children and those at risk for developing at-risk behavior patterns must be found early in their school careers--in preschool settings if at all possible. The P.L. 99-457 amendments to IDEA mandate child find activities for preschool children who are developmentally at risk. Similar legislation must be established for children and families who carry risk status for antisocial behavior. If children are not diverted from this path by the end of grade three, then in the great majority of cases the antisocial behavior should be treated much like a chronic disease such as diabetes for which there is no cure. The behavior should be managed and coped with as effectively as possible without the expectation of anything approaching a cure. Early detection and intervention are the single best hope for successfully addressing this complex problem.

Several states (e.g., Kentucky and California) are experimenting with family resource centers attached to school districts that allow parents to access support, assistance, and training and that also allow parents to deal with the school-related problems of their children in a problem-free, nonjudgmental atmosphere. Such resource centers have great potential for creating the kind of partnerships necessary for parents and schools to work together as an effective team.

6. Provide two or three recommendations for improving IDEA's implementation through federally funded activities, including but not limited to monitoring, technical assistance, personnel preparation, demonstration, and research, to be carried out over the next five years.

OSERS, in cooperation with state directors of special education, should consider rethinking the approach to the population of students having antisocial behavior patterns that are now crowding our schools. These students and the problems they present have to be dealt with on a school-wide basis; however, the provisions of IDEA can play a pivotal role in addressing them.

Currently, only 9 percent (approximately 396,000) of the total population of students served by IDEA have serious behavioral or emotional problems. In contrast, 73 percent of all students served by IDEA have either learning disabilities (50 percent) or speech and language problems (23 percent). There needs to be a drastic reordering of priorities in this context so that far more of the resources of IDEA can be devoted to the problems presented by antisocial students who are at risk for school failure and a host of negative, developmental outcomes that ultimately prove extremely costly to them and society.

Redefining Eligibility

A first step would be to eliminate the current definition used to determine eligibility for severe emotional disturbance status under IDEA. The definition is highly restrictive and stigmatizing; its use effectively prevents schools from proactively screening and identifying students who are at risk for antisocial and related behavior disorders. The definition that has been developed and promulgated by the National Coalition of Mental Health and Special Education is a far less restrictive and more functional definition that would allow students to be identified and served based on the severity of their adjustment problems. Currently, schools' abilities to deal with the increasing pressures posed by this student population are hamstrung by continuing adherence to the IDEA archaic definition.

Schools need to stop punishing this student population and trying to exclude them from schooling. Police indicate that 90 percent of daytime burglaries are committed by truant youth. Alternative programs and schools need to be developed for antisocial students, including developing strategies for including them in mainstream educational processes. A therapeutic and habilitative school posture must be adopted, whenever possible, in dealing with this student population, and ways must be found to support and reclaim them.

7. Provide two or three specific recommendations for improving IDEA's implementation by state and local educational agencies.

State and local education agencies need to assume leadership roles in developing approaches for implementing combined universal-selected intervention approaches for addressing the emotional-behavioral adjustment problems of at-risk students and in developing effective relationships with community agencies and families in addressing the problems of this population.

Designing Universal Interventions

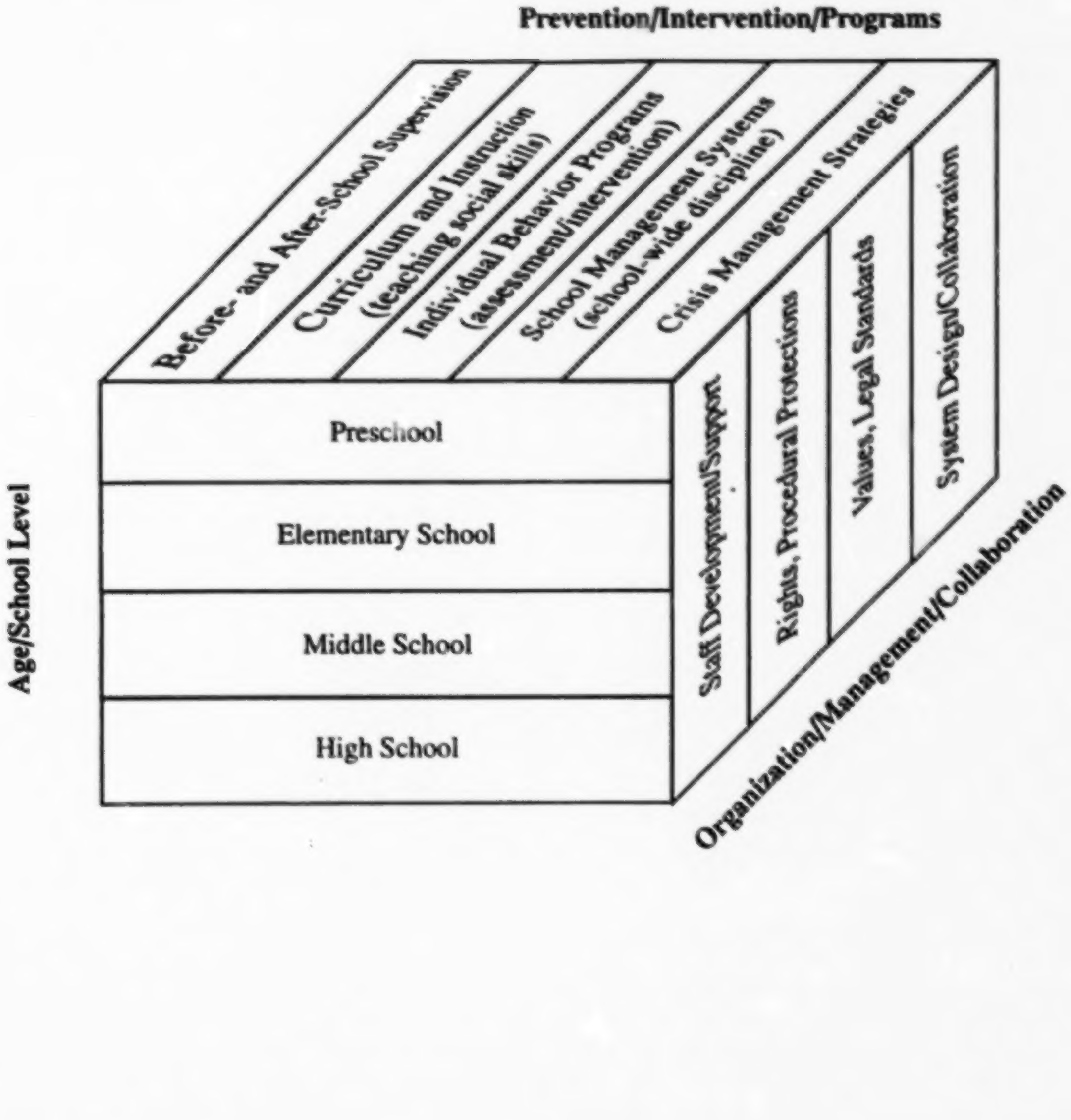
Universal interventions are designed for an entire school; they are applied to everyone in a uniform manner, regardless of student characteristics or attributes. They are frequently used in primary prevention efforts. Universal interventions can also positively influence some at-risk students. As a rule, however, at-risk students and those who are more seriously involved require selected, individually tailored intervention approaches in addition to and following their exposure to the universal intervention. That is, they select themselves out as needing additional intervention because the universal approach is not sufficient for them. Secondary and tertiary prevention efforts rely primarily upon these more powerful, individually tailored intervention approaches.

Examples of universal interventions include the review, identification, and selection of social skills curricula for school-wide use in teaching violence prevention (conflict resolution, anger management, peer mediation), development of a school-wide discipline plan, development of a comprehensive communication system, reviewing and changing building design and use features to improve its physical security and capacity for supervision, and school-wide, proactive screening of all students in the elementary grades to identify those potentially at risk. Examples of selected interventions would include: direct, individualized instruction in key social skills for at-risk youth, development of a comprehensive, interagency intervention and plan of assistance for habitual, juvenile offenders who are potentially violent, and implementation of a teacher consultant-based playground intervention for very aggressive students who are rejected by peers.

Developing School-Linked Interventions

Ways must be found for schools to develop effective school-linked intervention and support services for at-risk students and their parents or primary caregivers. Attitudes, turf issues, and funding barriers all work against the formation of effective partnerships in this context. State and local educational agencies can assume the lead in paving the way in this critically important area. Figure 4 provides an overarching model or schema containing the dimensions that should be addressed in organizing communities to support competent social behavior among children and youth. Schools are the last institution to come on board in dealing with youth violence and criminal behavior. It is the consensus of many experts from mental health, child welfare, corrections, family courts, public safety, and social agencies that schools should assume the lead role in developing and coordinating intervention approaches in addressing these problems. This is an issue that federal and state governments should consider in depth.

Figure 4
Three Dimensions Necessary to Organizing Communities to Support Competent Social Behavior in Children and Youth


Prevention/Intervention/Programs
Before- and After-School Supervision
Curriculum and Instruction (teaching social skills)
Individual Behavior Programs (assessment/intervention)
School Management Systems (school-wide discipline)
Crisis Management Strategies
Age/School Level
Preschool
Elementary School
Middle School
High School
Staff Development/Support
Rights, Procedural Protections
Values, Legal Standards
System Design/Collaboration
Organization/Management/Collaboration

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Annotated Literature Abstract

Citation

Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. American Psychologist, 47(8), 997-1006.

Key Points and Quotes

1. To date, no intervention program or approach to curing delinquency has ever been found to work.
2. Delinquency intervention programs are generally applied when delinquent behavior emerges in the upper elementary or middle school grades.
3. The best delinquency interventions to date can only claim to be promising practices.
4. Early childhood intervention has been shown to prevent delinquency years later among at-risk children.
5. Early intervention that focuses on school readiness skills, developing social skills, and building self-esteem is highly effective in the prevention of delinquency.

Annotated Literature Abstract

Citation

Walker, H. M., & Sylwester, R. (1991). Where is school along the path to prison? Educational Leadership, 47(8), 14-16.

Key Points and Quotes

1. School is merely a way station for many at-risk children and youth on the road to prison.

2. Young people who represent about 20 percent of the total population now account for 40 percent of all crimes; half of all youth charged with serious crimes are under the age of 15 and 75 percent are boys.

3. Antisocial behavior, manifested early on in a child's school career, is the single best predictor of delinquency years later in adolescence.

4. Using three measures of adjustment in grade 5 (teacher social skills ratings, negative social behavior involving peers, and school discipline contacts in archival records), we can correctly predict the arrest status five years later in grade 10 with 80 percent accuracy. These three measures take about an hour and a half to collect and record per case.

5. Comprehensive early intervention at the point of school entry or before is the single best hope we have of diverting at-risk children from this destructive path. The intervention needs to focus on and impact the three key social agents in a child's life: parents, teachers, and peers.

6. Early intervention of this type has proven to be effective in preventing the adoption of a delinquent lifestyle years later in adolescence.

7. The school needs to be the "hub" or lead agency in coordinating and delivering this intervention approach. True partnerships need to be forge between parents, schools, and community agencies in this regard.

Model Profile

The National Institute of Mental Health has, over the past five years, funded a series of centers for the prevention of conduct disorder and antisocial behavior patterns. The Oregon Social Learning Center in Eugene, Oregon, was funded in 1989 by NIMH for a conduct disorders prevention center.

The focus of this center is on the primary prevention of antisocial behavior patterns among populations of first and fifth grade students. A universal home-school intervention has been developed called Linking the Interests of Families and Teachers (LIFT). Students in regular classrooms learn social and academic skills in small, cooperative learning groups. Playground recess periods are used to teach students to apply and demonstrate their newly acquired skills under the supervision of school professionals. Group incentives are made available at school to motivate students to participate. Careful communication is maintained between schools and families via telephone voice mail to monitor and report on student performance. LIFT has been successful in reducing the expected base rate or frequency of conduct disorders. Stronger effects have been achieved with first than with fifth graders.

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Appendix

A Brief Description of the National Council on Disability

Overview and Purpose

The National Council on Disability is an independent federal agency led by 15 members appointed by the President of the United States and confirmed by the U.S. Senate. The National Council was initially established in 1978 as an advisory board within the Department of Education (Public Law 95-602). The Rehabilitation Act Amendments of 1984 (Public Law 98-221) transformed the National Council into an independent agency. The overall purpose of the National Council is to promote policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities, regardless of the nature or severity of the disability and to empower individuals with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society.

Specific Duties

The current statutory mandate of the National Council includes the following:

* Reviewing and evaluating, on a continuing basis, policies, programs, practices, and procedures concerning individuals with disabilities conducted or assisted by federal departments and agencies, including programs established or assisted under the Rehabilitation Act of 1973, as amended, or under the Developmental Disabilities Assistance and Bill of Rights Act; and all statutes and regulations pertaining to federal programs which assist such individuals with disabilities in order to assess the effectiveness of such policies, programs, practices, procedures, statutes, and regulations in meeting the needs of individuals with disabilities;

* Reviewing and evaluating, on a continuing basis, new and emerging disability policy issues affecting individuals with disabilities at the federal, state, and local levels, and in the private sector, including the need for and coordination of adult services, access to personal assistance services, school reform efforts and the impact of such efforts on individuals with disabilities, access for health care, and policies that operate as disincentives for the individuals to seek and retain employment;

* Making recommendations to the President, the Congress, the Secretary of Education, the Director of the National Institute on Disability and Rehabilitation Research, and other officials of federal agencies respecting ways to better

promote equal opportunity, economic self-sufficiency, independent living, and inclusion and integration into all aspects of society for Americans with disabilities;

- Providing the Congress, on a continuing basis, advice, recommendations, legislative proposals, and any additional information which the Council or the Congress deems appropriate;
- Gathering information about the implementation, effectiveness, and impact of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.);
- Advising the President, the Congress, the Commissioner of the Rehabilitation Services Administration, the Assistant Secretary for Special Education and Rehabilitative Services within the Department of Education, and the Director of the National Institute on Disability and Rehabilitation Research on the development of the programs to be carried out under the Rehabilitation Act of 1973, as amended;
- Providing advice to the Commissioner with respect to the policies of and conduct of the Rehabilitation Services Administration;
- Making recommendations to the Director of the National Institute on Disability and Rehabilitation Research on ways to improve research, service, administration, and the collection, dissemination, and implementation of research findings affecting persons with disabilities;
- Providing advice regarding priorities for the activities of the Interagency Disability Coordinating Council and reviewing the recommendations of such Council for legislative and administrative changes to ensure that such recommendations are consistent with the purposes of the Council to promote the full integration, independence, and productivity of individuals with disabilities;
- Preparing and submitting to the President and the Congress a report entitled *National Disability Policy: A Progress Report* on an annual basis; and
- Preparing and submitting to the Congress and the President a report containing a summary of the activities and accomplishments of the Council on an annual basis.

Population Served and Current Activities

While many government agencies deal with issues and programs affecting people with disabilities, the National Council is the only federal agency charged with addressing, analyzing, and making recommendations on issues of public policy which affect people with disabilities regardless of age, disability type, perceived employment potential, economic need, specific functional ability, status as a veteran, or other individual circumstance. The National Council recognizes its unique opportunity to facilitate independent living, community integration, and employment opportunities for people with disabilities by assuring an informed and coordinated approach to addressing the concerns of persons with disabilities and eliminating barriers to their active participation in community and family life.

The National Council plays a major role in developing disability policy in America. In fact, it was the Council that originally proposed what eventually became the Americans with Disabilities Act of 1990. Our present list of key issues includes monitoring the implementation of federal civil rights laws affecting people with disabilities, analyzing the performance and results of special education programs, development of a national approach to personal assistance services, health care reform, the inclusion of students with disabilities in high-quality programs in typical neighborhood schools, equal employment opportunity, community housing, improving assistive technology and access to the information superhighway, and ensuring that persons with disabilities who are members of minority groups fully participate in society.

*U.S. G.P.O.:1996-409-121:50183